MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Penna RR tracks at Selma ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 4610 Linden ave

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) L (Last) Alcorn
4. DATE OF DEATH (Month) May (Day) 12 (Year) 52 19

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 11-22-1875
9. AGE last birthday 76 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. no
17. INFORMANT AND ADDRESS Balto Co Welfare records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

802 X

Immediate cause (a) Multiple fracture Head Crushed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) body torn badly

(c) accident

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Penna RR
(CITY OR TOWN) Halethorpe (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) May 12 52 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Struck by train on Penna RR

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo W Kieffer MD (Degree or title) Deputy Balto Co ADDRESS 1010 Leeds ave DATE SIGNED May 12 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 13 1952
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Elliott City (State) Md

DATE REC'D BY LOCAL REG. May 12 52
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR Joseph T Umbrae ADDRESS 1328 Sulphur Spring Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1230 am

RECEIVED
MAY 23 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

64954

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Holmehurst Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 6 Holmehurst Ave.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) C. (Last) ALT

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1952

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH May 31, 1895

9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman

10b. KIND OF BUSINESS OR INDUSTRY Furniture

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Alt

14. MOTHER'S MAIDEN NAME Emma Schuman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War

16. SOCIAL SECURITY NO. #1//

17. INFORMANT AND ADDRESS Mrs. Russell Conklin - 2828 Riggs Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary Embolis	1/2 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Myocarditis & hypertension	4 mons.
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.14, 1944, to 5.26, 1952, that I last saw the deceased alive on 4.30, 1952, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE George Elkman (Degree or title) M.D. ADDRESS 805 Dorg Ave 28 Md DATE SIGNED 5.27.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5/29/52

NAME OF CEMETERY OR CREMATORY Woodlawn Cem.

LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. 5-28-52

REGISTRAR'S SIGNATURE V. E. Starry cc

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17, Md.

RECEIVED
JUN 2 19
BUREAU V. S.

64955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mercy Villa, Bellona Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3019 N. Calvert St.

3. NAME OF DECEASED (Type or Print): (First) LOUISA (Middle) SUDECK (Last) AMIG

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Apr. 10, 1872
9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Sudeck
14. MOTHER'S MAIDEN NAME: Louise Schuttenberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Miss A. Catherine Amig - 3019 N. Calvert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Transverse Colon c Metastases	One year +
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Genealized arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Prolapse of Bladder

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1946, to May 26, 1952, that I last saw the deceased alive on May 26, 1952, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE: Nathaniel M Beck (Degree or title): MD
ADDRESS: 2818 St Paul St. Balto #18 Md
DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 5/28/52
NAME OF CEMETERY OR CREMATORY: Prospect Hill Cem.
LOCATION (City, town, or county) (State): York, Pa.

DATE REC'D BY LOCAL REG.: 5-27-52
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto 17, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

Item 18 Film G1 2 5-20-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04954

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills
LENGTH OF STAY (in this place) 6 yrs. 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY -
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural, give location) 1401 Gorsuch Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jo (Last) Appleby

4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 19 52

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 5-28-39
9. AGE last birthday: 12 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph L. Appleby Jr.
14. MOTHER'S MAIDEN NAME: Mary Katherine Ewalt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Institution Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic broncho-pneumonia	61 days
491X Antecedent cause(s)	DUE TO (b) II Spastic diplegia	10 yrs.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c) II Measles and encephalitis	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-, 19 52, to 5-6-, 19 52, that I last saw the deceased alive on 5-6-, 19 52, and that death occurred at 6:40 a m., from the causes and on the date stated above.

SIGNATURE Viola B. Johns (DEGREE OR TITLE) M.D. ADDRESS Rosewood St. Tr. School DATE SIGNED 5-6-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/7/52
NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. 5/6/52
REGISTRAR'S SIGNATURE W W Heduck
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

64872

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Wilson
LENGTH OF STAY (in this place) 0 yr. 0 mo. 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) No Home address ✓

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Davis (Last) Bamberger
4. DATE OF DEATH: (Month) May (Day) 30 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Div.
8. DATE OF BIRTH: Jan. 14, 1902
9. AGE last birthday: 50 yrs. If under 1 year: Months 4 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Paper Box Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Bamberger
14. MOTHER'S MAIDEN NAME: Emma Knott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212-10-2919
17. INFORMANT AND ADDRESS: William Davis Bamberger, Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia (organism unknown) — ?

491 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 19 52, to May 30 19 52, that I last saw the deceased alive on May 30, 19 52, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William Newcomer M.D. Mt. Wilson, Md. 5/30/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF May 31, 1952
NAME OF CEMETERY OR CREMATORY The Anatomy Board of Md.
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. May 30, 1952
REGISTRAR'S SIGNATURE Helen R. Mayer
24. FUNERAL DIRECTOR (See above) ADDRESS

RECEIVED
JUN 6 1952
BUREAU V. S.

1.4955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff nr Towson — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff nr Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Villa Maria, Notch Cliff	STREET ADDRESS (If rural give location): Villa Maria, Notch Cliff

3. NAME OF DECEASED (Type or Print)	(First) Sr. Mary	(Middle) Adelinda	(Last) Banville	4. DATE OF DEATH	(Month) May	(Day) 4	(Year) 1952.
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Nov. 29, 1866	9. AGE last birthday: 85 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher	10b. KIND OF BUSINESS OR INDUSTRY: Religious	11. BIRTHPLACE (State or foreign country): Hackensack, N.J.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: John Banville	14. MOTHER'S MAIDEN NAME: Eliza Burns						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Sr. M. Clara, Notch Cliff nr. Towson.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

2924

Immediate cause (a) [illegible] — 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1952, to 5/4, 1952, that I last saw the deceased alive on [illegible], 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] Donnell M.D. 7501 York Rd Towson 5/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: May 7, 1952	NAME OF CEMETERY OR CREMATORY: Villa Maria Cemetery	LOCATION (City, town, or county) (State): Notch Cliff nr. Towson, Md.
DATE REC'D BY LOCAL REG.: 5/6/52	REGISTRAR'S SIGNATURE: [illegible]	24. FUNERAL DIRECTOR: Charles S. Zeiler	ADDRESS: 901 S. Conkling St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1-4456

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (in this place) 1 yr. 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Dr. School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills Same
STREET ADDRESS (If rural, give location) R.F.D. 3 Rosewood State Dr. School

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Donald	Paul	Barnes	May	26	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	10-23-48	3 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Agnes Hosp Balto. Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Donald Barnes
14. MOTHER'S MAIDEN NAME: Pauline Mary Machs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-pneumonia - fulminating — 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Multiple congenital defects, including deformed thorax - cerebral aplasia & resultant spasticity and upper motor neurone dysfunction — since birth

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ / Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1, 1952, to May 26, 1952, that I last saw the deceased alive on May 26, 1952, and that death occurred at 11:32 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Viola B. Johns	M.D.	Rosewood State Dr. School	May 26 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/28/52	St Charles	Pikesville 8, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/27/52	Chas. Schild M.D.	Frank H. Purcell - Pikesville	Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard, Md. — LENGTH OF STAY (in this place): 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
STREET ADDRESS (If rural give location): Owings Mills

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) L (Last) BATZ

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-1-09

9. AGE last birthday: 43 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Owings Mills, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad Batz

14. MOTHER'S MAIDEN NAME: Loretta Dyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW-II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) DUE TO: TUBERCULOUS MENINGITIS — Interval Between Onset And Death: Duration unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO: Pulmonary Tuberculosis — Duration unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

VA m.

22. I hereby certify that I attended the deceased from May 17, 1952, to May 24, 1952, that I last saw the deceased [illegible] and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED: 5/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-28-52 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: 5/27/52 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Frank H Newell Riestertown Rd & Waldron Ave Baltimore, Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1958

Reg. Dist. No. 34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; LENGTH OF STAY (in this place) 15 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ~~Balto.~~ Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 1634 Nature Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Earl	Bayne	5	2	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	single	4-21-44	8 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
child	child	Baltimore, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lawrence Raymond Bayne	Mildred Ephraim Bayne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
	none	Institution Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Infectious diarrhoea	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Athetoid dystonia since birth	
	(c)	

571.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none	none		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work	Not while at work	HOW DID INJURY OCCUR?
none			m.	none	☐	none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caplis Deputy	Md. Exam M.D.	Reisterstown, Md.	5-2-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 5, 1952	St. Mary's (Hampden)	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/3/52	R. W.	Burgee Funeral Home Horace F. Burgee.	3631 Falls Road

VS. A15A

(1)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0-959

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 yrs 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3117 Guilford ave

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) J. (Last) Beitler
4. DATE OF DEATH (Month) May (Day) 31 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 12-28 1863
9. AGE last birthday 88 yrs. If under 1 year: Months | Days. If under 24 hrs: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY farmer
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Spring Grove State Hosp records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial degeneration

4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. removal of prostate 1951. fracture left hip Mch. 6, 52

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo. W. Kieffer MD Exam Balto Co ADDRESS 1010 Leeds ave DATE SIGNED May 31.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 3/52
NAME OF CEMETERY OR CREMATORY Rocky Ridge Lutheran
LOCATION (City, town, or county) Rocky Ridge, Md. (State)
DATE REC'D BY LOCAL REG. 6/2/52
REGISTRAR'S SIGNATURE W. V. Hedrick
24. FUNERAL DIRECTOR Harry H. Wirtz ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place) 27 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1001 W. Joppa Road	STREET ADDRESS (If rural, give location) 1001 W. Joppa Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Sister Mary Michael Bergin				4. DATE OF DEATH (Month) (Day) (Year) May 11 1952 19			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH Oct. 2, 1864	9. AGE last birthday 87 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nun		10b. KIND OF BUSINESS OR INDUSTRY Convent	11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Bergin			14. MOTHER'S MAIDEN NAME Mary Clear				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS Mission Helpers Convent Records, Towson, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.1

Immediate cause (a) Congestive Cardiac Failure — 36 hours.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1952, to May 11, 1952, that I last saw the deceased alive on May 11, 1952 and that death occurred at 7.45 P m., from the causes and on the date stated above.

SIGNATURE Neritt D. Jones (Degree or title) ADDRESS 101 E. Bibble St., Balto. Md. DATE SIGNED May 12, 1952

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF May 14, 1952	NAME OF CEMETERY OR CREMATORY Mission Helpers Convent Cem.	LOCATION (City, town, or county) (State) 1001 W. Joppa Rd. Towson Md.
DATE REC'D BY LOCAL REG. 5/12/52	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR [signature]	ADDRESS 4611 Park Hgts. Balto. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]361

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1309 Poplar Grove

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) H. (Last) Blake

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 6 1877

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Labor-City

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence Blake

14. MOTHER'S MAIDEN NAME: Kathryn McGraw

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate with Metastasis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2 YRS

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/17/50

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of lymph Node (metastatic), groin

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 19 50 to May 22, 1952, that I last saw the deceased alive on May 22, 1952, and that death occurred at 8 30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

Frederick E. Hillyer MD Spring Grove Hosp 5/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 22-1952

NAME OF CEMETERY OR CREMATORY New Cathedral

LOCATION (City, Town, or County) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5/23/52

REGISTRAR'S SIGNATURE A W Herbert

24. FUNERAL DIRECTOR Raymond C. Funk

ADDRESS 634 N. Augusta Ave

VS. 54

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15A

962

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brighton Balto 15
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6509 Fairmount Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location) Same.

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) JOS. (Last) BLAKE
4. DATE OF DEATH (Month) May (Day) 19 (Year) 1952
5. SEX Male.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar 18, 1895
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Balto, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel S Blake
14. MOTHER'S MAIDEN NAME Annie Mary Brady
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) None.
16. SOCIAL SECURITY No. 215-10-4844
17. INFORMANT AND ADDRESS Annie M. Blake (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Artery Disease.	18 hrs.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None. (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples (Degree or title) Deputy Med. Exam. M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 5/24/52
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Fairmount Rd. Balto Md

DATE REC'D BY LOCAL REG. 5/20/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Frank H. Newell ADDRESS Pikesville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS SHEPPARD PRATT HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE-16
STREET ADDRESS (If rural, give location) 3408 FOREST PARK AVE

3. NAME OF DECEASED (Type or Print) (First) MINNIE (Middle) (Last) BLUM
4. DATE OF DEATH (Month) MAY (Day) 11 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH JULY 1, 1870
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME HYAM BLAUSTEIN
14. MOTHER'S MAIDEN NAME SARAH SACHS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) MYOCARDIAL FAILURE	3 days
4221	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocardial Degeneration	8 yrs plus
2(x)		(c) Generalized Arteriosclerosis	8 yrs plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILE PSYCHOSIS DIABETES MELLITUS — 8 yrs plus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949, to MAY 11, 1952, that I last saw the deceased alive on MAY 11, 1952, and that death occurred at 11 55 a.m., from the causes and on the date stated above.

SIGNATURE John D. Patton (Degree or title) M.D. ADDRESS SHEPPARD-PRATT HOSP. DATE SIGNED MAY 11, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-12-52
NAME OF CEMETERY OR CREMATORY Beth Tfilon
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 5/12/52
REGISTRAR'S SIGNATURE H.W. Hadnell Jack Lewis Inc
24. FUNERAL DIRECTOR ADDRESS 2100 Eutaw Pl

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1645

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 15 Warren Rd.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) JOHN (Last) BOARDMAN
4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 18-1879
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Eastern Stainless
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Rodney Wallace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Pancreas with metastases — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

157X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 5/10, 1952, that I last saw the deceased alive on 5/10, 1952, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

SIGNATURE Joseph Nicole MD (DEGREE OR TITLE) ADDRESS 422 Eastern Ave Balto 21 Md DATE SIGNED 5/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May-13-52
NAME OF CEMETERY OR CREMATORY Mt Carmel Cem.
LOCATION (City, town, or county) (State) Balto, Md

DATE REC'D BY LOCAL REG. 5/12/52
REGISTRAR'S SIGNATURE H. D. Hedrick
24. FUNERAL DIRECTOR John G. Connelly - 418 Eastern Ave Balto 21, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

65

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Court Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) Old Court Rd.

3. NAME OF DECEASED (Type or Print) (First) SOPHIA (Middle) (Last) BRIEL

4. DATE OF DEATH (Month) May (Day) 29 (Year) 1952

5. SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH May 29, 1871

9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY at Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George F. Disher

14. MOTHER'S MAIDEN NAME Rosa Schubert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Rhea Schwartz - Old Court Rd., Pksvle.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	9 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	5 yrs.
	(c) Chronic Myocarditis	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to May 29th 1952, that I last saw the deceased alive on May 29th, 1952, and that death occurred at 4:40 p.m. from the causes and on the date stated above.

SIGNATURE James A. Miller (Degree or title) M.D. ADDRESS Pikesville 8, Md. DATE SIGNED 5/31/52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6/2/52 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. May 31, '52 | REGISTRAR'S SIGNATURE per E. E. Michael

24. FUNERAL DIRECTOR Wm. J. Vickers & Sons ADDRESS Balto 11, Md.

VS: A15

RECEIVED
JUN 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 66

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 93

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md (Rural); LENGTH OF STAY (in this place) 1yr 8mo 11da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Owings Mills, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 916 Poplar St. ✓

3. NAME OF DECEASED (Type or Print): (First) Linda (Middle) Anne (Last) Brinkley

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S

8. DATE OF BIRTH: 7-11-43

9. AGE last birthday: 8 yrs. If under 1 year: Months 10; Days 14; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William R. Brinkley

14. MOTHER'S MAIDEN NAME: Lillian Stagelin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mother Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia & acute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) bronchitis (measles)
(c) Schilder's disease (encephalitis peri-axialis diffusa)

INTERVAL BETWEEN ONSET AND DEATH: (a) 5 days; (b) —; (c) Birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 May, 1952, to 24 May, 1952, that I last saw the deceased alive on 24 May, 1952, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harry B. Bunker M.D. Owings Mills Md.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5-26-52 NAME OF CEMETERY OR CREMATORY National LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. May 26, 1952 REGISTRAR'S SIGNATURE Mary Cline

24. FUNERAL DIRECTOR John M. Doyle & Son ADDRESS Annapolis Md

RECEIVED
MAY 27 1952
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04967

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 Willow Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Marryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 204 Willow Avenue

3. NAME OF DECEASED (Type or Print): (First) Melvin (Middle) Howell (Last) Brundick

4. DATE OF DEATH: (Month) May (Day) 13, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 24 1908

9. AGE last birthday: 43 yrs. If under 1 year: Months — Days —; If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Mgr. Accounts-Distillery

11. BIRTHPLACE (State or foreign country): Marryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Brundick

14. MOTHER'S MAIDEN NAME: Catherine Reihl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. M. H. Brundick 204 Willow Ave., Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1951, to May 13, 1952, that I last saw the deceased alive on May 13, 1952, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 5/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: May 16, 1952 | NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: May 16, 1952 | REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md. ADDRESS

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MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04968

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 819 Essex Ave

3. NAME OF DECEASED (Type or Print) (First) Agnes (Middle) C. (Last) Bruns
4. DATE OF DEATH (Month) May (Day) 9 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 7 1899
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME John Jones
14. MOTHER'S MAIDEN NAME Anna Sigrist
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Dolores Kniffin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	2 months
174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of uterus	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to May 9, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE J M Baumgardner (Degree or title) M.D. ADDRESS Balto 6 Md DATE SIGNED 5/10/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-13-52
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. 5/12/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Christine L. Brzezinski ADDRESS 1407 East Ave. Balto 24 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

969 3r

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN) Catonsville
MARYLAND
LENGTH OF STAY in this place: 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1801 Caroline St

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Rudolph (Last) Bursick

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-6-1882

9. AGE Last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No: 215-10774

17. INFORMANT & ADDRESS: Geraldine Smetana 3805 Northern Parkway Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Broncho pneumonia	4 wks.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arterio sclerotic Heart Disease	uncertain
	DUE TO (c)	

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — uncertain

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30 19 52, to May 25, 19 52, that I last saw the deceased alive on May 25, 19 52, and that death occurred at 1:10 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frederick E. Phillips M.D. Spring Grove Hospital May 25 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-26-52
NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 1-17-52
REGISTRAR'S SIGNATURE Victor E. Harry Jr

24. FUNERAL DIRECTOR Hilgard, Inc
ADDRESS 1500 Mad

RECEIVED
JUL 17
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. CHU DATE 7/17/52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 170

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH: Balto. Co.
COUNTY CATONSVILLE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 11 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 221 S. Stricker St.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) FRANKLIN (Last) CARLE
4. DATE OF DEATH: (Month) MAY (Day) 9 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 8-28-1910
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: Junk.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FREDERICK CARLE
14. MOTHER'S MAIDEN NAME: ANNIE ZINNER NACK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) STATUS EPILEPTICUS c̄ CIRCULATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS
026X
DUE TO
Antecedent cause(s) (b) CNS LUES
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 21, 1940, to MAY 9, 1952, that I last saw the deceased alive on MAY 9, 1952, and that death occurred at 10:20 P.m., from the causes and on the date stated above.

SIGNATURE Dr. Albert A Kurland (DEGREE OR TITLE) Senior Psychiatrist ADDRESS Spring Grove State Hosp. DATE SIGNED May 9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF May 17, 1952 NAME OF CEMETERY OR CREMATORY Loudon Park Cem LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 5/12/52 REGISTRAR'S SIGNATURE [signature] Dorr 24. FUNERAL DIRECTOR Roff C & B. M. Walter ADDRESS Pratt & Stricker Sts

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-M 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

71

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS CHARLES ST. & MALVERN AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) RUXTON
STREET ADDRESS (If rural, give location) CHARLES ST. & MALVERN AVE.

3. NAME OF DECEASED (Type or Print): (First) LAURENCE (Middle) ROBERTS (Last) CARTON

4. DATE OF DEATH: (Month) MAY (Day) 2 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV. 19, 1885

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EXECUTIVE

10b. KIND OF BUSINESS OR INDUSTRY: FERTILIZER

11. BIRTHPLACE (State or foreign country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: LAURENCE A. CARTON

14. MOTHER'S MAIDEN NAME: EDITH THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: ELIZABETH WHYTE CARTON ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF ESOPHAGUS — Interval between onset and death: 9 months

150X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 1, 1952, to MAY 2, 1952, that I last saw the deceased alive on MAY 1, 1952, and that death occurred at about 4 a. m., from the causes and on the date stated above.

SIGNATURE: Crawford N. Kirkpatrick Jr. (Degree or title) MD ADDRESS 6 E. Eager St. BALTIMORE DATE SIGNED 5-2-52

23. BURIAL, CREMATION / REMOVAL (Specify): CREMATION

DATE THEREOF: 5-5-1952

NAME OF CEMETERY OR CREMATORY: GREENMOUNT

LOCATION (City, town, or county) (State): BALTO MD.

DATE REC'D BY LOCAL REG.: May. 3. 1952

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR ADDRESS: H.W. JENKINS & SONS CO. 4905 YORK ROAD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1872

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
3006 Clifton Ave.
STATE Balto., COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3006 Clifton Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) J. (Last) Chapman

4. DATE OF DEATH: (Month) May (Day) 27, (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 12 1850

9. AGE last birthday: 101 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Nashua, N.H.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Asia Chapman

14. MOTHER'S MAIDEN NAME: Rebecca M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Edward Farrow 2406 Callow Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Pneumonia, Bronchial,	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Cardiovascular Disease with decompensation	1 mo.
	DUE TO (c) Hypertensive Cardiovascular Disease	6 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1946, to May 27 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 1030P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) C. Bradley Daugharty MD — ADDRESS Halethorpe, Md. — DATE SIGNED 5-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): B — DATE THEREOF May 29, 1952 — NAME OF CEMETERY OR CREMATORY Moreland Park — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 5/29/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm Cook Inc — ADDRESS 1217 St Paul St

Items 3, 5 Filed 5/22/52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 73

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 5 hrs 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 528 Brune Street

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) E. (Last) CHESLEY

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-13-1906

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver

10b. KIND OF BUSINESS OR INDUSTRY: Delivery Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Harry Chesley

14. MOTHER'S MAIDEN NAME: Mary Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 213-09-2307

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CIRRHOSIS OF LIVER	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

581.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9:30 PM May 14, 1952, to 3:05 AM May 15, 1952, and that death occurred at 3:05 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) WILLIAM B. VANDEGRIFT, M. D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 5-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/19/1952

NAME OF CEMETERY OR CREMATORY Arbutus Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5/19/1952

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder Street, Baltimore, Maryland

VS. A15 5-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(74

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1826 E. Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 1826 E. Joppa Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROSS	L.	CHURCHILL	May 3 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	married	July 26, 1890	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Co-Owner	Road Construction	Maine	

13. FATHER'S NAME Amos Churchill

14. MOTHER'S MAIDEN NAME Augusta Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	216 - 09 - 4977	Mrs. Rilla S. Churchill-1826 E. Joppa Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ruptured Gastric ulcer on Duodenum	Sudden
420 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular disease	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 8, 1937, to May 3, 1952, that I last saw the deceased alive on May 1, 1952, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John A Kubischer	M.D	12 E. Eager St - Balto 2, Maryland	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/6/52	Woodlawn Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/5/52	A W Redmond	Wm. J. Tschener & Sons	Balto 17, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt.Wilson
LENGTH OF STAY (in this place): 1 mo., 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt.Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) John; (Middle) Thomas; (Last) Clampet

4. DATE OF DEATH: (Month) 5; (Day) 11; (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: 7/31/11

9. AGE last birthday: 40 yrs. If under 1 year: Months 9; Days 11; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Butler, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Alexander Carr Clampet

14. MOTHER'S MAIDEN NAME: Mary Jane Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: James S.Clampet (Bro.) 459 Hornel St. Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: About 5 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 19 52, to 5/11, 19 52, that I last saw the deceased alive on 5/11, 1952, and that death occurred at 1:05 P. m., from the causes and on the date stated above.

SIGNATURE: William Newcomer (Degree or title): M.D. ADDRESS: Mt.Wilson, Md. DATE SIGNED: 5/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 5/12/52
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Mooresville, North Carolina

DATE REC'D BY LOCAL REG. 5/11/52
REGISTRAR'S SIGNATURE: Helen R. Mayer
24. FUNERAL DIRECTOR ADDRESS: Wm.Cook, St.Paul & Preston Sts., Balto., Md.

RECEIVED
MAY 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 376

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Catonsville MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1030 Witherspoon Road

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) E. (Last) Connelly

4. DATE OF DEATH: (Month) 5 (Day) 11 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Nov. 13, 1883

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Raleigh, North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Austin

14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Denzel G. Rogers, 1030 Witherspoon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiovascular collapse — Interval Between Onset And Death: Acute

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 4434 (b) Hypertensive and arteriosclerotic — Chronic

DUE TO

(c) Cardiovascular disease.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2 ,1952, to 5/11 ,1952, that I last saw the deceased alive on 5/11 ,1952, and that death occurred at 4:17 A.M., from the causes and on the date stated above.

SIGNATURE David J. Pluth (Degree or title) M.D. ADDRESS Spring Grove Hospital DATE SIGNED 5/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/13/52 NAME OF CEMETERY OR CREMATORY Lorraine Park LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/12/52 REGISTRAR'S SIGNATURE Ada Bedwell

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 77

CERTIFICATE OF DEATH

Reg. Dist. No. 49

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 7 hrs.40 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 7214 Dunmar Court

3. NAME OF DECEASED: (Type or Print) (First) AARIN (also AARRIN) (Middle) P. (Last) CRAIG

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/18/91

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: Crown Cork & Seal

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Craig

14. MOTHER'S MAIDEN NAME: Catherine MN: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW Ic

16. SOCIAL SECURITY NO.: 055-07-8633

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) COMPLETE OCCLUSION, RIGHT CAROTIC ARTERY — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ULCERATIVE ARTERIOSCLEROTIC DISEASE, CAROTID ARTERY & AORTA — Unknown

DUE TO

(c)

450.0

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11:10 P.M. May 20, 19 52 to 6:50 A.M. May 21, 19 52, and that death occurred at 6:50 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) JACK M. BURNETT, M.D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 5/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 5-23-52

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/23/52

REGISTRAR'S SIGNATURE A W Pedrick

24. FUNERAL DIRECTOR ADDRESS Howard Blight Funeral Home 6009 Harford Road, Baltimore, Maryland

Mildred T. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 910 Dulany Valley Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia — COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elizabeth; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Viola (Middle) Eula (Last) Crites

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 19[illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 18, 1898

9. AGE last birthday: 54 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): W. Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rufus Williams

14. MOTHER'S MAIDEN NAME: Catherine (?) Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service): No — None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Rev. B. M. Crites, Elizabeth, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Metastasis — Interval between onset and death: 10 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Breast — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to May 19, 19[illegible], that I last saw the deceased alive on May 19, 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] May 20 19[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE: May 20, 1952 | NAME OF CEMETERY OR CREMATORY: Price-Calfee Funeral Home | LOCATION (City, town, or county) (State): Beckley, W. Va.

DATE REC'D BY LOCAL REG.: May. 20, 1952 | REGISTRAR'S SIGNATURE: Mabel C. Gray | 24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Md.

RECEIVED
MAY 2 1912
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Wilson — LENGTH OF STAY (in this place) 3 mos. 6 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mount Wilson State Hospital	STREET ADDRESS (If rural, give location) Bel Air Avenue ✓

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Raymond	(Last) Dalton	4. DATE OF DEATH	(Month) May	(Day) 12	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Aug. 11, 1911	9. AGE last birthday 40 yrs.	If under 1 year Months 9	Days 1	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stonemason	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Avalon, North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Fred Dalton	14. MOTHER'S MAIDEN NAME Emma Price						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 212-22-3913	17. INFORMANT AND ADDRESS Charles Dalton-Aberdeen, Maryland					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — About 6 mos.

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1952, to May 12, 1952, that I last saw the deceased alive on May 12, 1952, and that death occurred at 2:25 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Newcomer	M.D.	Mt.Wilson, Md.	5/12/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 5/12/52	NAME OF CEMETERY OR CREMATORY The Anatomy Bd. of Md.	LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 5/12/52	REGISTRAR'S SIGNATURE Helen R. Mayer	24. FUNERAL DIRECTOR none	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02080

Reg. Dist. No. 43.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg — LENGTH OF STAY (in this place) 31 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 Elinor Ave.	STREET ADDRESS (If rural give location) 24 Elinor Ave.

3. NAME OF DECEASED (Type or Print)	(First) ELEANOR	(Middle) A.	(Last) DAVIS	4. DATE OF DEATH	(Month) May 15th, (Day) (Year) 1952
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Oct. 21, 1908	9. AGE last birthday 43 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafeteria Supervisor	10b. KIND OF BUSINESS OR INDUSTRY Glenn Martin Co.	11. BIRTHPLACE (State or foreign country) Balto., Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Harry L. Euler		14. MOTHER'S MAIDEN NAME Mary Janishek			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. 220-12-5920	17. INFORMANT Mr. Frank E. Davis, 24 Elinor Ave.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	1 hr.
420.1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Disease	2 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to May 15, 1952, that I last saw the deceased alive on May 15, 1952, and that death occurred at 12 35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. Edward Benson 1 W. Overlea Ave 5/15/52

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE May 17, 1952	NAME OF CEMETERY OR CREMATORY Moreland Memorial	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. May 16/52	REGISTRAR'S SIGNATURE Mrs. A. L. Reifsnider	24. FUNERAL DIRECTOR Lassahn Funeral Home	ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 81 33

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills

LENGTH OF STAY (in this place) 28 yrs. 9 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Tr. School.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Fulton (Middle) - (Last) Dennis

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 10-17-07

9. AGE last birthday: 44/6/22 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): patient

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Garley E. Dennis

14. MOTHER'S MAIDEN NAME: Annie Brittingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Institution records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Carcinoma of the stomach	9 mos.
151X	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Diabetes Mellitus	1 year
260x)	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-21-51

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20-51, 19 5, to 5-9, 19 52, that I last saw the deceased alive on 5-9, 19 52, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE Viola B. Johns. (DEGREE OR TITLE) M.D. ADDRESS Rosewood St. Tr. School DATE SIGNED 5-9-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF May 11/52 NAME OF CEMETERY OR CREMATORY Grace Methodist LOCATION (City, town, or county) Pittsville, (State) Md

DATE REC'D BY LOCAL REG. 5/10/52 REGISTRAR'S SIGNATURE Leroy Smith Mary Eline

24. FUNERAL DIRECTOR Clay E. Dennis, Snow Hill, ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5 8-51

RECEIVED
MAY 13 1952
BUREAU V. S.

1982

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (in this place) 6 yr. 24 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7920 Wise Ave. Balto. 22

3. NAME OF DECEASED (Type or Print) (First) FREDERICK (Middle) (Last) DIEHL
4. DATE OF DEATH (Month) MAY (Day) 31 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH Jan. 16, 1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY FARM
11. BIRTHPLACE (State or foreign country) Dundalk Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John M. Diehl
14. MOTHER'S MAIDEN NAME Anna Reinicke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Wm. F. Diehl - 8139 Cornwall Rd. Dundalk Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchitis + emphysema — years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to May 31, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. Sherrill, M.D. ADDRESS Cockeysville, Md. DATE SIGNED 5/31/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/3/52
NAME OF CEMETERY OR CREMATORY Schwartz's Cemetery
LOCATION (City, town, or county) Balto. County (State) Maryland

DATE REC'D BY LOCAL REG. 5/31/52
REGISTRAR'S SIGNATURE Wm. J. Chilcoat
24. FUNERAL DIRECTOR Wm. Cook Jr. ADDRESS 1217 St Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 J83

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3025 Windsor Avenue

3. NAME OF DECEASED: (Type or Print) (First) Conrad (Middle) (Last) Dietz
4. DATE OF DEATH: (Month) May (Day) 13, (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-11-1862
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Nickel plater
10b. KIND OF BUSINESS OR INDUSTRY: Metal
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Dietz
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute cardio-respiratory failure — Interval Between Onset And Death: Less than 5 minutes

4200

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease — Years

DUE TO (c) Generalized arteriosclerosis — Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerotic heart disease — Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22- ,19 52, to 5-13- , 19 52 that I last saw the deceased alive on 5-13- , 1952 , and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE Ethel B. Hermann (Degree or title) Green M D
ADDRESS Spring Grove State Hosp. Catonsville 28, Maryland
DATE SIGNED 5-14-52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 5/17/52
NAME OF CEMETERY OR CREMATORY ST. JOSEPHS
LOCATION (City, town, or county) Geiston, Johnstown (State) PA.
DATE REC'D BY LOCAL REGISTRAR 5/14/52
REGISTRAR'S SIGNATURE A. W. Hedrick DAK

24. FUNERAL DIRECTOR John T. Stansbury
ADDRESS 2700 Edmondson Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belair Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville
STREET ADDRESS (If rural give location) Belair Rd. Hyde P.O.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A. (Last) Dietz
4. DATE OF DEATH: (Month) May (Day) 18 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 21 1878
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Own. Home
11. BIRTHPLACE (State or foreign country): Balto. Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Snyder
14. MOTHER'S MAIDEN NAME: Elizabeth Swissing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss. Evelyn Dietz Belair Rd. Hyde P.O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 3 wks

443X

Antecedent cause(s) (b) Hypertensive Cardiovascular Dis — 10 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nodular Goitre (non toxic) — 20 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1952, to ....., 19....., that I last saw the deceased alive on May 18, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Clifford F. Hudson M.D. — Fork Md. — 5/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5/21/52 — NAME OF CEMETERY OR CREMATORY: St Pauls Luth Cem. — LOCATION (City, town, or county) (State): Kingsville Balto Co Md.

DATE REC'D BY LOCAL REG. 5/20/52 — REGISTRAR'S SIGNATURE: W W Schenck — 24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04985

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ellenham Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
STREET ADDRESS (If rural, give location) Ellenham Road

3. NAME OF DECEASED (Type or Print): (First) Richard Hooper (Middle) Dixon, Jr. (Last)

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 23, 1886

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Md. State Director of Savings Division, U.S. Treasury

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cambridge, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Dr. Richard H. Dixon

14. MOTHER'S MAIDEN NAME: Helen Victoria Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Sarah Harlan Dixon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Extensive multiple carcinomatosis, Prostatic hypertrophy, well marked

(c) Secondary anemia; urinary insufficiency

177.8

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emaciation, general debility

19a. DATE OF OPERATION: 6/15/51; Mar. '52 (2)

19b. MAJOR FINDINGS OF OPERATION: 1) Obstruction sigmoid requiring colostomy; 2) adenocarcinoma; 3) prostatectomy.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to May 28, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS: 18 E. Eager Street, Baltimore — DATE SIGNED: May 29, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5 - 30 - 52 — NAME OF CEMETERY OR CREMATORY: Spesutia — LOCATION (City, town, or county) (State): Perryman, Md.

DATE REC'D BY LOCAL REG. 6-5-52 — REGISTRAR'S SIGNATURE: Mable L. Gray, [illegible]

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place — J. B. Mitchell

RECEIVED
JUN. 5 1952
BUREAU U. S.

JUN 4 '52
NAVAL ESTABLISHMENT

COPY SENT TO LOCAL REGISTRAR No. C440 DATE 6-5-52

Item 21 Film G144 6-18-52

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01986

Reg. Dist. No. 04

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middle River — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Middle River	STREET ADDRESS (If rural, give location) 1032 N. Patterson Park Ave.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Francis P. (Last) Doherty			4. DATE OF DEATH (Month) 5 (Day) 10 (Year) 1952		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-24-1892	9. AGE last birthday 60 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk - Anchor Pat Prod., Inc.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Daniel Doherty			14. MOTHER'S MAIDEN NAME ? Connelly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted])		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Back River, (CITY OR TOWN) Kingston Park, Md. (COUNTY) Balto. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 5-10-52 6:04 p.m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? Fell from boat. (DepMedExam. 6-18-52)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William I Povitt Jr MD Dept Med. Examiner Maryland 5-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5-14-1952	NAME OF CEMETERY OR CREMATORY New Cathedral	LOCATION (City, town, or county) Baltimore (State) Md.
DATE REC'D BY LOCAL REG 5/13/52	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR John A. Moran	ADDRESS 3000 E. Baltimore St.

DNK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 87

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3 years-2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
STREET ADDRESS (If rural, give location) 17 Sanders Park Rd. ✓

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Mc Geecham (Last) Donnelly

4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 9-14-69

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Mc Geecham

14. MOTHER'S MAIDEN NAME: Annie Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic Heart disease — Interval Between Onset and Death: 1 year

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Generalized Arteriosclerosis — 5 years

(904.7)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture, hip — 2 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 3-22-52 M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Pushed down by another patient

22. I hereby certify that I attended the deceased from Aug. 1, 1951 to May 18, 1952 that I last saw the deceased alive on May 18, 1952, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

SIGNATURE Wm. A. Rinn (DEGREE OR TITLE) M.D. ADDRESS Spring Grove Hospital Catonsville Md DATE SIGNED 5/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 5/21/52 — NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery — LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 5-19-52 — REGISTRAR'S SIGNATURE L

24. FUNERAL DIRECTOR Wm. Cook, Inc. — ADDRESS 1217 N. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4988

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 1 yr 15 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil Connell
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fair Haven
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Bell (Last) Dougherty

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Nov 1 1868
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward F. Mason
14. MOTHER'S MAIDEN NAME: Christania

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Cardiac Failure	15 min.
450.0 Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Vascular collapse	18 days
	DUE TO (c)	General arteriosclerosis	15 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1952, to May 29 1952 that I last saw the deceased alive on May 29 1952, and that death occurred at 8 45 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. A. Rinn M.D.
ADDRESS Spring Grove Hospital Catonsville 28, Md
DATE SIGNED May 29, 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 31 1952
NAME OF CEMETERY OR CREMATORY Deale
LOCATION (City, town, or county) Deale Co. Co. (State) Md
DATE REC'D BY LOCAL REGISTRAR 5/29/52
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Hardesty Funeral Home Galesville Md.
ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Item 20 Film G143 6-3-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 89

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1708 Light St.

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) J (Last) EDER

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-29-98

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Baker

10b. KIND OF BUSINESS OR INDUSTRY: A & P. Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis J Eder

14. MOTHER'S MAIDEN NAME: Catherine C Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) MALNUTRITION, SEVERE, DUE TO SYPHILIS OF

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) THE CENTRAL NERVOUS SYSTEM

DUE TO (c)

Interval Between Onset And Death: Unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20 ..., 1952 ..., to May 23 ..., 1952 ..., and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): GEORGE LERNER, M.D.

ADDRESS: VAH, Fort Howard, Md.

DATE SIGNED: 5/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-6-52 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): 4300 Old Frederick Rd. Balto Md

DATE REC'D BY LOCAL REGISTRAR: May 24 1952. — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR ADDRESS: James L McCully 128 E. Fort Avenue Baltimore, Maryland

Item 9 Film C142 5/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 812 Register Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Govans
STREET ADDRESS (If rural, give location): Annslie Road

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) A. (Last) Eierman

4. DATE OF DEATH: (Month) May (Day) 4, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 28, 1872

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired employee Gas & Electric Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Eireman

14. MOTHER'S MAIDEN NAME: Susanna----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-05-6263

17. INFORMANT AND ADDRESS: Mrs. Jennie Eierman, Reisterstown

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of entire face — Interval between onset and death: 12 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1947, to May 3, 1952, that I last saw the deceased alive on 5/3, 1952, and that death occurred at 5.55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Willis Guyton M.D. 3961 Greenmount Ave Balto Md. 5/5/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: May 6, 1952
NAME OF CEMETERY OR CREMATORY: Greenmount
LOCATION (City, town, or county) (State): Carroll, Co.

DATE REC'D BY LOCAL REG. 5-8-52
REGISTRAR'S SIGNATURE: Mary A. Eline.

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 9 1952
BUREAU V S

Item 18 Film 0143 6-3-52 ams

91

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 614 Edmondson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 614 Edmondson Ave.

3. NAME OF DECEASED (Type or Print) (First) NELDA (Middle) IRENE (Last) ENGELHARDT
4. DATE OF DEATH (Month) (Day) (Year) May 20th., 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11/9/18
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Department Store
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME George Yingling
14. MOTHER'S MAIDEN NAME Geneva Knadler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Geo. W. Engelhardt 614 Edmondson Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
199.8 Immediate cause	(a) Generalized Carcinomatosis - primary site	4 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) not determined, probably either lymphosarcoma or hypernephroma.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1952, to May 20, 1952, that I last saw the deceased alive on May 20, 1952, and that death occurred at 11:55 P.m., from the causes and on the date stated above.

SIGNATURE Jim A. Kochman, M.D. (Degree or title) ADDRESS 1037 N. Calvert St. DATE SIGNED 5/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/24/52
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) Baltimore Co., Md.
DATE REC'D BY LOCAL REG. 5/22/52
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 26 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

192

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
   LENGTH OF STAY (in this place) 2 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 17 Md
   STREET ADDRESS (If rural, give location) 5617 Sorrento Ave Balto 12 Md

3. NAME OF DECEASED (Type or Print): (First) ORA (Middle) L (Last) ENOS

4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) widowed

8. DATE OF BIRTH: March 1886

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Howard Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles S. Wilcox

14. MOTHER'S MAIDEN NAME: Anne Rear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Fibrosis — Interval between onset and death: 2 mo

525 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14 19 52, to May 18, 19 52, that I last saw the deceased alive on May 17, 19 52, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Milton B. Kyes M.D. Eudowood Sanatorium, Towson 4, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/21/52

NAME OF CEMETERY OR CREMATORY: Ward's Chapel

LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG. 5/19/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR / ADDRESS: Wm. C. Vickers & Sons Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6393

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore 19 · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. | LENGTH OF STAY (in this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 Waldman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT. (JONES CREEK)
STREET ADDRESS (If rural give location) 7300 WALDMAN AVE

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) HENDERSON (Last) FADDIS

4. DATE OF DEATH (Month) MAY (Day) 16. (Year) 1952

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH Nov. 16. 1886 | 9. AGE Last birthday 65 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker | 10b. KIND OF BUSINESS OR INDUSTRY Steel mill | 11. BIRTHPLACE (State or foreign country) Chester Co. Pa. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Henderson Faddis | 14. MOTHER'S MAIDEN NAME Lena Netherby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. 213-07-6077 | 17. INFORMANT Catherine Faddis (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Cirhosis of the liver (alcoholic) — Interval between onset and death: 2 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus — 4 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950 to May 16 1952, that I last saw the deceased alive on May 15 1952, and that death occurred at 4:45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Louis N. Hollin. M.D. | 6908 North Point Rd Balto 19. | 5/16/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 5/19/52 | NAME OF CEMETERY OR CREMATORY OAK LAWN | LOCATION (City, town, or county) (State) BALTO. CO. MD.

DATE REC'D BY LOCAL REG. May 19-1952 | REGISTRAR'S SIGNATURE William M. Kelly Jr. | 24. FUNERAL DIRECTOR Walter Burke Bradley | ADDRESS Dundalk, Md.

RECEIVED
MAY 21 1952
BUREAU V. S.

1951-5-16
1986-11-16
65-6-0
17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5770

CERTIFICATE OF DEATH

Reg. Dist. No. 4-1

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 120 Kenhyn

3. NAME OF DECEASED (Type or Print): (First) Blanche (Middle) Agnes (Last) Fahey
4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug 20 1886
9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Duffin
14. MOTHER'S MAIDEN NAME: Jane McCall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Peter Fahey 120 Kenhyn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage anteroventricular — 1 hr

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1952, to May 31 1952, that I last saw the deceased alive on May 31, 1952, and that death occurred at 11 50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Eugene F. Evans 1 Liberty Parkway June 2, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)
Burial — Mt. Olivet Cem. — Baltimore Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE
June 3 1952 — William M. Kelly Jr.

24. FUNERAL DIRECTOR — ADDRESS
Wm. J. Loudenslager — Eastern Ave & Wolfe St

Cert #22 mel.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1952
BUREAU W. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PINFADING INK. Every item of information should be carefully supplied. correct age is especiihysicians: please write the causes of death clearly and legibly.

correct age

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. NAME OF DECEASED (Type or Print): ELMER R. FELDMAN

2. DATE OF DEATH: May 25, 1952

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. County

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 622 Plymouth Rd.

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 622 Plymouth Rd.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 28, 1880
9. AGE (In years last birthday): 72 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): bookkeeper
10B. KIND OF BUSINESS OR INDUSTRY: Murphy & Ashcom Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Feldman
14. MOTHER'S MAIDEN NAME: Elizabeth (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs. Lillie E. Grace — ADDRESS: 622 Plymouth Rd.

CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

420.1 ANTECEDENT CAUSES

(B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) .....

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

22. *I hereby certify that I attended the deceased from* Feb., 1946 *to* May 25, 1952 *that I last saw the deceased alive on* May 24, 1952 *and that death occurred at* 8 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Pound M. D.
23B. ADDRESS: 3325 Frederick Av
23C. DATE SIGNED: 5/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/28/52
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 28 1952
REGISTRAR'S SIGNATURE: ~~Huntington Williams, M.D.~~ V. E. Harvey
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons — ADDRESS: Balto 17, Md.

VS 150

95

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ridgely Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
STREET ADDRESS (If rural, give location): Ridgely Rd

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Fendlay
4. DATE OF DEATH (Month) May (Day) 3 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH: Dec. 1, 1907
9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Chauffer
10b. KIND OF BUSINESS OR INDUSTRY: Balto Co. Highways
11. BIRTHPLACE (State or foreign country): Balto. Co. Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harry Fendlay
14. MOTHER'S MAIDEN NAME: Hannah Powers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Adeline Fendlay, Lutherville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Left Lung — 5 mos.

163 X Antecedent cause(s) (b) Metastases to the brain — 3 mos.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 8, 1952
19b. MAJOR FINDINGS OF OPERATION: Ca of Left Lung.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13, 1951, to 5-3, 1952, that I last saw the deceased alive on 5/2, 1952, and that death occurred at 11.20 p.m., from the causes and on the date stated above.

SIGNATURE: Bennett A. Stoen — (Degree or title) MD. — ADDRESS: Lutherville — DATE SIGNED: 5/3/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5-7-52 — NAME OF CEMETERY OR CREMATORY: Poplar Grove — LOCATION (City, town, or county) (State): Cockeysville, Md

DATE REC'D BY LOCAL REG.: 5 May 52 — REGISTRAR'S SIGNATURE: Ann Armistead MacRae — 24. FUNERAL DIRECTOR: L. Scott Brooks, Sparks, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
MAY 27 1952
BUREAU V. A.

96

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Station
LENGTH OF STAY (In this place) 30 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Fairbanks Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk Maryland
STREET ADDRESS (If rural, give location) 209 Fairbanks Court

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Flora

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1952

5. SEX Male

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan.-25-1905

9. AGE last birthday 47 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disable Veteran

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Elizabeth City N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Willie Thomas Flora

14. MOTHER'S MAIDEN NAME Ester Flora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War#2

16. SOCIAL SECURITY NO.

17. INFORMANT Julia Flora 209 Fairbanks Court

18. MEDICAL CERTIFICATION Baltimore 22, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B Davis MD Dep Med. Exam. Dundalk vr. Md 5/31/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/2/1952

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REG. 6/2/52

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Elroy Wilson ADDRESS 1000 Brantly Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 97 32

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	WILLIAM	FORREST	May	29	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Widowed	Jan. 7, 1886	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Railroad	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles E. Forrest	Annie E. Hyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
-	717-07-8614	Mrs. David Ardrey - Gamber, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver — Interval Between Onset and Death: 3 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

156.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from March 3, 1952, to May 29, 1952, that I last saw the deceased alive on May 29, 1952, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chester Bare — Westminster Maryland — 5/29/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/31/52	Western Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-31-52	[illegible]	Wm. J. Pickner & Sons	Berta 17, Md.

RECEIVED
JUN 2 1967
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 98

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (In this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater
STREET ADDRESS (If rural give location) Anne Arundel Co. Home

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) (Last) Fritz
4. DATE OF DEATH: (Month) May (Day) 7 (Year) 19 52
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: About 1872
9. AGE last birthday: If UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min. About 80 yrs.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even though retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? unk.
13. FATHER'S NAME: Herman Sebaff
14. MOTHER'S MAIDEN NAME: Rose Herman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ... Acute cardio-respiratory failure — Interval Between Onset And Death: 1 hr.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... Arteriosclerotic heart disease — years
DUE TO
(c) Generalized arteriosclerosis — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile arteriosclerotic nephrosclerosis — "

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 17, 1952, to May 7, 1952, that I last saw the deceased alive on May 7, 1952, and that death occurred at 12 20 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Ethel B. Herrmann-Greene MD
ADDRESS Spring Grove State Hospital Catonsville 28 Md
DATE SIGNED 5/7/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/10/52
NAME OF CEMETERY OR CREMATORY St. Peters
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR 5/9/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Wm Cook Inc.
ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2309 Ellen Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2309 Ellen Ave.

3. NAME OF DECEASED (Type or Print) (First) Myrtle (Middle) Marie (Last) Frush
4. DATE OF DEATH (Month) May (Day) 6 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH June 2-1904
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? WS A
13. FATHER'S NAME William Harris
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. ✓
17. INFORMANT AND ADDRESS John W Frush Jr. 2309 Ellen Ave Parkville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gun-shot wound-head; suicide — INTERVAL BETWEEN ONSET AND DEATH: Sudden 5/6/52

176X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mental illness with depressions — 1 yr +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ therein and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Rollin C. Hudson Mt. DME. ADDRESS Towson Md DATE SIGNED 5/6/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 8/52
NAME OF CEMETERY OR CREMATORY Meadow Branch
LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. 5/7/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Edw C Tipton ADDRESS Hampstead Md

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 320 WEATHERBEE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
STREET ADDRESS (If rural, give location): 320 WEATHERBEE RD.

3. NAME OF DECEASED (Type or Print) (First): VIRGINIA (Middle): ALRICH (Last): GALE
4. DATE OF DEATH (Month): MAY (Day): 19 (Year): 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: MAY 12, 1875
9. AGE last birthday: 77 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): DELAWARE
12. CITIZEN OF WHAT COUNTRY? VSA

13. FATHER'S NAME: LUCAS ALRICH
14. MOTHER'S MAIDEN NAME: MATILDA CANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: MRS. JAMES NEELY, JR., TOWSON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — [illegible]

Antecedent cause(s) (b) Hypertensive Cardio-[illegible]

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) [illegible] Vascular Dis[illegible] — [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1946, to May 19, 1952, that I last saw the deceased alive on May 19, 1952, and that death occurred at 3:60 P m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) MD — ADDRESS: 7501 [illegible] Towson — DATE SIGNED: 5/19/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: MAY 21, 1952 — NAME OF CEMETERY OR CREMATORY: MORELAND MEMORIAL PARK — LOCATION (City, town, or county) (State): PARKVILLE, MD.

DATE REC'D BY LOCAL REG.: May 20, 1952 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR: JOHN BURNS' SONS, TOWSON, MD. — ADDRESS:

RECEIVED
MAY 22 195
BUREAU U. S.

05001

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton P.O.
STREET ADDRESS (If rural give location) E Joppa Rd

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) J. (Last) Gerst
4. DATE OF DEATH (Month) May (Day) 25 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 5-1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U S M

13. FATHER'S NAME John Gerst
14. MOTHER'S MAIDEN NAME Mary Kahl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. John Gerst E Joppa Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	4 days
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease — 12 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1949, to May 25, 1952, that I last saw the deceased alive on May 25, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE N R Fuller (Degree or title) MD ADDRESS Ridge Rd Baltimore 6 DATE SIGNED May 26/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/28/52
NAME OF CEMETERY OR CREMATORY St Josephs Cem.
LOCATION (City, town, or county) (State) Balto Co Md

DATE REC'D BY LOCAL REG. 5/26/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

5002

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home Paradise Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY none
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4822 Roland Avenue

3. NAME OF DECEASED (Type or Print): (First) Eleanor Fairfas (Middle) (Last) Gerstell

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: ?

9. AGE last birthday: 74 (?) yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Andrew Baylie Price

14. MOTHER'S MAIDEN NAME: Annie Josephine Chipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Anne Porter Code-28 Highland Ave. Devon Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure — 36 hrs

450.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerosis, generalized, severe Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene, dry, left foot; malnutrition — 3 days, 6 mos

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25, 1951, to 5-16, 1952, that I last saw the deceased alive on 5-15, 1952, and that death occurred at 8 00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephen Lea Magruder M.D. Catonsville 28, Md 5-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-20-52 — NAME OF CEMETERY OR CREMATORY: Allegheny — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 5/19/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place

J. B. Mitchell

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills — LENGTH OF STAY (in this place): 44 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
STREET ADDRESS (If rural, give location): Featherbed Lane

3. NAME OF DECEASED (Type or Print): (First) Isaac (Middle) James (Last) Ghee
4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 28, 1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer hand
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Louenberg Co. Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Claiborne Ghee
14. MOTHER'S MAIDEN NAME: Sallie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Louise Ghee — Featherbed Lane Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary edema — 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiac disease — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atrophic + Hypertrophic Arthritis — 20 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to May 9, 1952, that I last saw the deceased alive on May 7, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 5/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 13, 1952 — NAME OF CEMETERY OR CREMATORY: Mt. Pleasant — LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG.: 5/12/52 — REGISTRAR'S SIGNATURE: P.W. Hedrick — 24. FUNERAL DIRECTOR: Hare Cave Funeral Home — ADDRESS: 1631 Druid Hill Ave

L.L.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH .5004

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idlewylde Balto 12; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 911 Register Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Idlewylde - Baltimore 12; STREET ADDRESS (If rural, give location) 911 Register Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Ezra	Gilbert	May	12	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	JAN 6, 1904	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CIVIL ENGINEER		MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CLARENCE W. GILBERT	HELEN HOOD - CRAMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		MRS C. E. GILBERT ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gunshot wound, abdomen (Suicide)	Sudden
1/16 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Melancholia	6 mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Collin C. Hudson M.D., D.M.E.		Towson, Md	5/12/52.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	5-13-1952	PROSPECT HILL	TOWSON	MD.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/14/52	[illegible]	H. W. JENKINS & SONS CO.	4905 YORK RD. BALTO. 12, MD.

VS. A15A

5005

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Maria Notch Cliff
STREET ADDRESS (If rural, give location) Glendon Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Sister Mary Lisetta Giner
4. DATE OF DEATH (Month) (Day) (Year) May 31 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 4 - 1864
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Religious
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Aloys Giner
14. MOTHER'S MAIDEN NAME Elisabeth Werkmeister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sr. Mary Clara Notch Cliff. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Renal	
	(c) Vascular Disease	15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1952, to May 31, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 2:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Donnell [illegible] 5/31/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 2, 1952
NAME OF CEMETERY OR CREMATORY Villa Maria Cemetery
LOCATION (City, town, or county) (State) Notch Cliff nr Towson, Md.

DATE REC'D BY LOCAL REG. 6-2-52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Charles S. Zeiler ADDRESS 901 S. Conkling St. Balto, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

5096

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Vincent's Male Orphanage 6100 York Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 6100 York Road

3. NAME OF DECEASED (Type or Print): (First) Sister Mary (Middle) Plandina (Last) Gleason R.S.M.

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 20, 1886

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious

10b. KIND OF BUSINESS OR INDUSTRY: Sister of Mercy

11. BIRTHPLACE (State or foreign country): County Clare, Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Gleason

14. MOTHER'S MAIDEN NAME: Bridget Trughy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Sr. M. Celine 6100 York Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute pulmonary edema — 15 min

4413X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1952, to May 25, 1952, that I last saw the deceased alive on May 25, 1952, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederick J. Vollmer 6100 York Rd Balto. Md. 5-26-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5/28/52

NAME OF CEMETERY OR CREMATORY: Mt. St. Agnes Convent Cemetery

LOCATION (City, town, or county) (State): Mt. Washington, Md.

DATE REC'D BY LOCAL REG. 5/27/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: H. W. Mears & Son

ADDRESS: 805 N. Calvert St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

5107

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towsville — LENGTH OF STAY (in this place) 26 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS # 8 Wade ave	STREET ADDRESS # (If rural, give location) 8 Wade ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	A	Goad.	5	9	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	married	10/27/1887	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supt. Machine Shop	Machinist	Va	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert W Goade	Nebraska Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs Pearl Goad.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac Dilitation	10 min
204.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Insufficiency	1 mo.
	(c) Lymphatic Leukemia	3 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

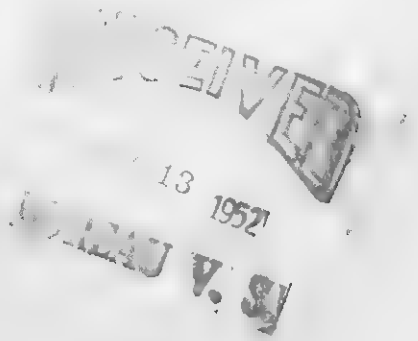
TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 7-5, 1947, to 5-9, 1952 that I last saw the deceased alive on 5-5, 1952, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William K. Gallagher M.D.	Towsville-28, Md.	5-10-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/13/52	Evergreen	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/12/52	V.E. Harry	Mac Nabb and Son.	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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No 30 126

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY: BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 109 OAK DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural, give location): 109 OAK DRIVE

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) ALVERTA (Last) GOETZ

4. DATE OF DEATH: (Month) 5 (Day) 21 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W; DOW

8. DATE OF BIRTH: APRIL 27, 1866

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER - RET. HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANKLIN PRY

14. MOTHER'S MAIDEN NAME: AMANDA BARRETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lillian M. Koontz. 109 Oak Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Myocardial Insufficiency — Interval between onset and death: 2 days

4438

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Chr. Hypertensive Cardio-Vascular Disease — 12 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-16, 1940, to 5-21, 1952, that I last saw the deceased alive on 5-20, 1952, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

William K. Jackson M.D. Catonsville 25, Md. 5/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-24-52 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 5-24-52 — REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR — ADDRESS: George A. Farley - Catonsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mount Wilson
   LENGTH OF STAY (in this place): 0 yrs. 21 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural, give location): 117 Hamburg Street

3. NAME OF DECEASED (Type or Print): James (First) Albert (Middle) Grimm (Last)

4. DATE OF DEATH: May (Month) 26 (Day) 1952 (Year)

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 10, 1893

9. AGE last birthday: 58 yrs. — If under 1 year: Months 5, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Railroad worker.

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Grimm

14. MOTHER'S MAIDEN NAME: Ellen Ann (?Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: James Grimm 117 Hamburg Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Far advanced pulmonary tuberculosis — Interval Between Onset and Death: Approx. 10 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b):
(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1952, to May 26, 1952, that I last saw the deceased alive on May 26, 1952, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

SIGNATURE: William Newcomer (Degree or title) M.D. — ADDRESS: Mt. Wilson, Md. — DATE SIGNED: 5/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/29/52 — NAME OF CEMETERY OR CREMATORY: National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: May 26, 1952 — REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR: William Cook — ADDRESS: 1217 St. Paul St. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 103 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 513 N. Carlton Street

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) (Last) GROSS

4. DATE OF DEATH: (Month) (Day) (Year) May 8 1952

5. SEX: Male -
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-13-92
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Upper Marlboro, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Gross
14. MOTHER'S MAIDEN NAME: Mary Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 217-07-2908
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CARCINOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH: 6 years
DUE TO
151 Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-7-52 2-15-52
19b. MAJOR FINDINGS OF OPERATION: Bronchoscopy Excision of lymph node left side of neck
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.26, 1952, to May 8, 1952, ~~that I last saw the deceased~~ ~~[illegible]~~, and that death occurred at 8:10 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) WILLIAM B. VANDEGRIFT, M. D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 5-9-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 13, 1952
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5/12/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Mrs. Katie R. Williams
ADDRESS 322 N. Schroeder St. Baltimore, Maryland

8 m.m.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH 05011

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oundalk
STREET ADDRESS (If rural, give location) 7518 Carroll Ave

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) Haas (Last)
4. DATE OF DEATH (Month) May (Day) 28 (Year) 1952

5. SEX Male
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 30/67
9. AGE last birthday 84 yrs. If under 1 year Months 7 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer. Fired Cleaner
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Haas
14. MOTHER'S MAIDEN NAME Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Oedema	3 days
331X Antecedent cause(s)	(b) Cerebral Hemorrhage	20 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Nephritis	2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 10, 1952, to May 28, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE Morris A. Jacobs (Degree or title) MD. ADDRESS 1010 North Pond Rd DATE SIGNED 5/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 31/52
NAME OF CEMETERY OR CREMATORY Mt. Carmel
LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 5/29/52
REGISTRAR'S SIGNATURE E W Hedrick
24. FUNERAL DIRECTOR Philip Herwig Sons ADDRESS 2024 Orleans St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 012

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7506 Brightside Avenue	STREET ADDRESS (If rural, give location) 7506 Brightside Avenue

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) (Last) HAGEN

4. DATE OF DEATH: (Month) May (Day) 23, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	October 27, 1894	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Asst. Cashier	American Sugar Ref.	Maryland	

13. FATHER'S NAME: Gustav Hagen

14. MOTHER'S MAIDEN NAME: Lita Lanlias

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	—	212-09-5760	Mrs. Dora R. Hagen, 7506 Brightside Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral apoplexy	1 day
151X Antecedent cause(s)	DUE TO (b) Carcinoma of Stomach	2 yrs
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to May 23, 1952, that I last saw the deceased alive on May 23, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE M Baumgardner (DEGREE OR TITLE) MD ADDRESS Balto 6 Md DATE SIGNED 5/23/52

23. BURIAL, CREMATION REMOVAL (Specify): burial DATE THEREOF 5/26/52 NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery LOCATION (City, town, or county) Parkville, (State) Maryland

DATE REC'D BY LOCAL REG. 5/26/52 REGISTRAR'S SIGNATURE R.W. Hedrick Dmd 24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

5013

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (In this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne Balto Co
STREET ADDRESS (If rural, give location) 1410 Sa Rockley Rd Balto Co

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Joseph (Last) Stanley

4. DATE OF DEATH (Month) 5 (Day) 28 (Year) 52 19

5. SEX M.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH (Month, Day, Year) 6/22/1871

9. AGE Last birthday 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edw Stanley

14. MOTHER'S MAIDEN NAME Mary Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mary Stanley 1410 Rockley Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung — Interval between onset and death: 6 mo.

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-21, 1951, to 5-28, 1952, that I last saw the deceased alive on 5-27, 1952, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE A. A. Gollod (Degree or title) M.D. ADDRESS 707 E. Fort Ave. Balto 30, Md. DATE SIGNED 5-28-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 5/31/52

NAME OF CEMETERY OR CREMATORY Holy Cross

LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 5/24/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR J. J. Stokes Sons ADDRESS 1214 E. Fayette

Item 18 &21 Film G142 5-13-52ams

MARYLAND STATE DEPARTMENT OF HEALTH

5014

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) JAMES (Last) HANNA
4. DATE OF DEATH (Month) May (Day) 1 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH May 2, 1910
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Gardner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME George W. Hanna
14. MOTHER'S MAIDEN NAME Anna Keys
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Howard Russell Hanna, 3017 Fendall Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxiation due to drowning

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Druid Ridge Lake (CITY OR TOWN) Pikesville, Md. (COUNTY) (Balto) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-1-52 5:30 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Found floating in water.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Stanley H. Dunlacher (Degree or title) ADDRESS Baltimore, Maryland DATE SIGNED May 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/3/52
NAME OF CEMETERY OR CREMATORY Stone Chapel
LOCATION (City, town, or county) Pikesville, Balto. Co. Md (State)
DATE REC'D BY LOCAL REG. May. 3. 1952
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Frank H. Newell ADDRESS Pikesville 8. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

5

5015

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 42 Winters Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 42 Winters Ave.

3. NAME OF DECEASED (Type or Print): (First) Amelia (Middle) Frances (Last) Harris
4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 9, 1880
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pittsburg, Pa.
12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: Robert Goins
14. MOTHER'S MAIDEN NAME: Anna Smothers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Ina Lewis, 709 N. Appleton St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mitral Insufficiency — 62 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arterio-sclerotic Cardiac Disease — P

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18-, 1952 to 5-19-, 1952 that I last saw the deceased alive on 5-19-, 1952, and that death occurred at 11.20 P m., from the causes and on the date stated above.

SIGNATURE: C. F. Maloney — (Degree or title) MD. — ADDRESS: 57 Winters Lane, Balto-28 — DATE SIGNED: 5/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 23, 1952 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 5/22/52 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR: Hand Funeral Home — ADDRESS: 1631 Druid Hill Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05016

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2615 Braun Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 2615 Braun Ave.

3. NAME OF DECEASED (Type or Print) (First) Alwine (Middle) W. (Last) Herman
4. DATE OF DEATH (Month) May (Day) 5/52 (Year) 19

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Oct. 10, 1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mogreen
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Cecelia C. Trescott, 2615 Braun Ave. Lansdowne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

422 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute uremia — 3 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/9, 1950, to 5/8, 1952, that I last saw the deceased alive on 5/8, 1952, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin Miller MD
ADDRESS 2030 Wilkens ave
DATE SIGNED 5/8/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 9/52
NAME OF CEMETERY OR CREMATORY Loudon Pk.
LOCATION (City, town, or county) (State) Baltimore 29, Md.
DATE REC'D BY LOCAL REG. 5/8/52
REGISTRAR'S SIGNATURE T
24. FUNERAL DIRECTOR Harry H. Mitzfer
ADDRESS 4101 Edmondson Ave

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Date of birth: Phone
Call from Funeral Director.
5/13/52 dmr.

17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS I.W. ELM AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OVERLEA
STREET ADDRESS (If rural give location) I.W. ELM AVE

3. NAME OF DECEASED (Type or Print) (First) LENA (Middle) (Last) HILLMER
4. DATE OF DEATH (Month) 5/ (Day) 7/ (Year) 52
5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW
8. DATE OF BIRTH 6/6/54
9. AGE 82 yrs. Months Days Hours Min.
10. OCCUPATION (Give kind of work during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) GERMANY
12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME NOT KNOWN
14. MOTHER'S MAIDEN NAME NOT KNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS MARGARET STEVENS I-W ELM AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral Hemorrhage	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerosis	6 yrs
(c)	Hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1st, 1946, to May 7, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 5/10/52
NAME OF CEMETERY OR CREMATORY PARKWOOD
LOCATION (City, town, or county) (State) BALTIMORE Co. MD

DATE REC'D BY LOCAL REG. 5-8-52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Clarence F. Hoffmann ADDRESS 1639 Broadway

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

5018

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City.
STREET ADDRESS (If rural, give location) Garrison Ave

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Mae (Last) Hobbs

4. DATE OF DEATH: (Month) May (Day) 6th (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-23-1873

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Poole

14. MOTHER'S MAIDEN NAME: Catherine Mealy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Halbert Poole, Westminster, Md. R.D. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Insufficiency	2 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Primary Ca of Right Breast	2 years
MOX	(c) Metastatic Ca of Brain + Lungs	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1952, to May 6, 1952, that I last saw the deceased alive on May 6, 1952 and that death occurred at 2.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Nelson K. Gallagher M.D. | Catonsville-28 Md. | 5-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-8-1952 | NAME OF CEMETERY OR CREMATORY: Wingandre | LOCATION (City, town, or county) (State): Frederick Co. Md

DATE REC'D BY LOCAL REG. 5/7/52 | REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: C. M. Waltz | ADDRESS: Winfield. Md.

RECEIVED
MAY 8
BUREAU V. S.

05019

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 6 X5

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Balto 20 — LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Slipstream Ct.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa —
STREET ADDRESS (If rural, give location) 4 Slipstream Ct.

3. NAME OF DECEASED (Type or Print) (First) Barry (Middle) Norman (Last) Hodges

4. DATE OF DEATH (Month) May (Day) 9 (Year) 52

5. SEX Male.

6. COLOR OR RACE White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH May 2/50

9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Hodges

14. MOTHER'S MAIDEN NAME Madeline Frederick —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Father — Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Extreme Malnutrition	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congenital cerebral aplasia	2 yrs.
	(c) (Mute) deaf + dumb.	

7531

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) 5 (Day) 9 (Year) 1942 (Hour) 10 30 P

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H M Carmine M.D. Deputy Medical Examiner Balto Co. Dundalk 22 Md 5/10/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5/12/52

NAME OF CEMETERY OR CREMATORY New Cathedral Cem.

LOCATION (City, town, or county) (State) 4300 Old Frederick Road

DATE REC'D BY LOCAL REG. 5/10/52

REGISTRAR'S SIGNATURE H W Hedrick Balto

24. FUNERAL DIRECTOR John J Cowan & Son ADDRESS 901 Hollins St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

20

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) KATHERINE (Last) HOTZE

4. DATE OF DEATH (Month) May (Day) 30 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug. 23, 1860
9. AGE last birthday 91 XXX yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Warsaw, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph R. Jeffries
14. MOTHER'S MAIDEN NAME Miranda Hutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mr. John J. Jeffries 1406 Northgate Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular-renal disease

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952, to May 30, 1952, that I last saw the deceased alive on May 29, 1952, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE A. M. France (Degree or title) M.D. ADDRESS Parkton Md. DATE SIGNED 5/31/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/2/52
NAME OF CEMETERY OR CREMATORY Loudon Pk. Cem.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/2/52
REGISTRAR'S SIGNATURE W W Hedrick
24. FUNERAL DIRECTOR Wm J Tickner & Sons Inc Balto Md ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5021

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 45 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1503 N. Decker Ave.

3. NAME OF DECEASED: (Type or Print) (First) MAURICE (Middle) E. (Last) HUDSON

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3-16-91

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George A. Hudson

14. MOTHER'S MAIDEN NAME: Lydia Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 218-22-0419

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

159X

Immediate cause (a) CARCINOMA OF THE GASTRO-INTESTINAL TRACT. — UNK.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1952, to May 28., 1952, that I last saw the deceased alive on [illegible] and that death occurred at 7:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) JOHN C. HUDELL M.D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 5-28-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6/2/52

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/31/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck 5305 Harford Road Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05022

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort Howard
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 314 N. Franklintown Rd.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) E. (Last) HUDSON, Sr.

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/5/74

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: B & O R.R.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Hudson

14. MOTHER'S MAIDEN NAME: Lilla MU: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) SPA

16. SOCIAL SECURITY NO.: 705-03-5188

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRO-VASCULAR ACCIDENT — DUE TO

331/X Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death: 1 week.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1952, to May 16, 1952 [illegible] and that death occurred at 8:20 P.M., from the causes and on the date stated above.

C.E. GONZALEZ, M.D. (Degree or title) — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 5-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/20/52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5/19/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck Funeral Home, 5305 Harford Rd., Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05023

Reg. Dist. No. 4-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg | LENGTH OF STAY (In this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS King Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural give location) King Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) M. (Last) HUNT
4. DATE OF DEATH: (Month) May (Day) 29th, (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct. 26, 1873
9. AGE last birthday: 78 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer's helper
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Hanover, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Geo. Winterstein, King Ave., Balto. 6, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency — 2 wks
422.1 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 15 mos
(c) Arterio Sclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1952 to May 29, 1952 that I last saw the deceased alive on May 29, 1952, and that death occurred at 7 05 P m., from the causes and on the date stated above.

SIGNATURE and (Degree or title) Leslie C. Peterson | ADDRESS W. Oakleaven | DATE SIGNED 5/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: June 2 1952 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. May 31, 52 | REGISTRAR'S SIGNATURE Mrs. G. L. Reifsnider

24. FUNERAL DIRECTOR: Lansdale Funeral Home | ADDRESS 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 Walnut Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural, give location) 118 Walnut Avenue

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Walker (Last) James
4. DATE OF DEATH (Month) May (Day) 2 (Year) 1952
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH Feb. 25-1902
9. AGE last birthday 50 yrs. If under 1 year: Months 2 Days 8 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY For Contractor
11. BIRTHPLACE (State or foreign country) Appomattox Co. Va
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Wm James
14. MOTHER'S MAIDEN NAME Jessigah Burns
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Frank James 1504 Parris Phila. Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	5 Mins
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, Essential	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1952, to May 2, 1952, that I last saw the deceased alive on May 2, 1952, and that death occurred at 10 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William C Wade, M. D., Dundalk 22, Md. 140 Oak Ave. 5-2-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-4-52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Lynchburg - Va

DATE REC'D BY LOCAL REG. MAY 4 - 1952
REGISTRAR'S SIGNATURE Huntington Williams M.D.
24. FUNERAL DIRECTOR Samuel W. Sullivan, Jr. ADDRESS
May 6-1952 Wm. M. Kelly, Jr. 1011 N. Arlington Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1957
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. CHC DATE 5-6-57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]025

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2806 W. Mosher Street

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) (NMI) (Last) JARRETT

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/10/1900

9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jarrett

14. MOTHER'S MAIDEN NAME: Florence (MN - unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) ASPIRATION PNEUMONIA,	Unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) CARCINOMA OF RECTUM	Unknown
	DUE TO (c)	

1547

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 19 52, to May 22, 19 52, [illegible] and that death occurred at 2:47 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) JACK M. BURNETT, M.D. — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 5/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/26/52 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/23/52 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons (W.P.B.) — ADDRESS North & Penna. Avenues, Baltimore, Md.

05026

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn L. Martin Camp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa
STREET ADDRESS (If rural, give location) 131 Randolph Rd

3. NAME OF DECEASED (Type or Print): (First) DONNIE (Middle) HUGH (Last) Jeffries
4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May-30-1941
9. AGE last birthday: 10 yrs. — If under 1 year: Months / Days — If under 24 hr: Hours / Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Boy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Hugh Jeffries
14. MOTHER'S MAIDEN NAME: Marian V. Boyette
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Parents

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Middle River — (CITY OR TOWN) Middle River — (COUNTY) Balto — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 5 - 4 - 52 2:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell into Middle River Md.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ✓, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Wm. Davis DDS Dep Med Exam. Dundalk Md 5/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: May-5-1952
NAME OF CEMETERY OR CREMATORY: Boyettes Cem
LOCATION (City, town, or county) (State): Fenly, N. C.

DATE REC'D BY LOCAL REG.: May 5, 1952
REGISTRAR'S SIGNATURE: Edith Hurley
24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: 418 Eastern Ave Balto 21 Md.

RECEIVED
MAY 7 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 2903 Dundalk Ave

3. NAME OF DECEASED (Type or Print) (First) William (Middle) J (Last) Jenkins
4. DATE OF DEATH (Month) 5 (Day) 12 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH April 25 1887
9. AGE last birthday 65 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cold Strip Mill
10b. KIND OF BUSINESS OR INDUSTRY Beth Steel
11. BIRTHPLACE (State or foreign country) Wales
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Gurlyn Jenkins
14. MOTHER'S MAIDEN NAME Margaret Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lorin Jenkins 2903 Dundalk Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	8 1/2 mos
420.1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1951, to May 12, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 1 10 A.m., from the causes and on the date stated above.

SIGNATURE David H. Andrew M.D. (Degree or title) ADDRESS 33 Dundalk Ave Dundalk 22 Md DATE SIGNED May 13, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/14/52
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) Balto Co (State)

DATE REC'D BY LOCAL REG. 5/13/52
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR Ulrich Lund Home 2112 Dundalk ADDRESS

28

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 610 Myrth Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 610 Myrth Ave.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) W. (Last) JOHNSON

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Mar. 16-1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Balto Copper Works
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lloyd Johnson
14. MOTHER'S MAIDEN NAME: Mary Rinehardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Anna Johnson (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Instant
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary Artery Disease	3 yr
DUE TO		
	(c) Arterio-sclerotic cardio-vascular disease	5 yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to May 25, 1952, that I last saw the deceased alive on May 24, 1952, and that death occurred at 10 30 A m., from the causes and on the date stated above.

SIGNATURE Joseph Nicole MD (DEGREE OR TITLE) ADDRESS 422 Eastern Ave Balto 21 Md DATE SIGNED 5/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 28-52
NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.
LOCATION (City, town, or county) Balto Co. (State) Md

DATE REC'D BY LOCAL REG. 5/26/52
REGISTRAR'S SIGNATURE [illegible] Hadrian Inc
24. FUNERAL DIRECTOR John G. Connelly - 418 Eastern Ave. Balto 21. Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . . 129

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 12 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4027 Roland Av.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E. (Last) Jones

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH: Feb 1, 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward S. Jones

14. MOTHER'S MAIDEN NAME: Mary F. Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Anna E. Jones 4027 Roland Av Baltimore 11, Md (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute cardio-respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 15 min

410X

Antecedent cause(s) DUE TO (b) Old Rheumatic cardiovascular — many yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO Disease with Mitral Stenosis

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Benign Hypertrophy of Prostate — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 29, 1952, to May 5, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at 1:35 P.m., from the causes and on the date stated above.

SIGNATURE Ethel B. Herrmann-Green MD (DEGREE OR TITLE) ADDRESS Spring Grove State Hosp. Catonsville 28, Md. DATE SIGNED 5/5/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/8/52

NAME OF CEMETERY OR CREMATORY St. Mary's Cem.

LOCATION (City, town, or county) (State) Hampden, Balto., Md.

DATE REC'D BY LOCAL REG. 5/6/52

REGISTRAR'S SIGNATURE W W Hedrick

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 11 8-51

Item 18 Film G142 5-20-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 23045

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1907 N. Collington Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) W. (Last) JUNG

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-27-94

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman - Light Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edwin Jung

14. MOTHER'S MAIDEN NAME: Dorothy Edward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) GENERALIZED CARCINOMATOSIS with involvement of — UNKNOWN

DUE TO lumbar spine, central nervous system, and lung.

199.6 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-1-52, 5-5-52

19b. MAJOR FINDINGS OF OPERATION: Bronchoscopy
Excision of tissue from 4th lumbar vertebra

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 18 19 52, to May 9, 19 52, and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 5-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-12-52

NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: May 10 1952

REGISTRAR'S SIGNATURE: R.W.S.

24. FUNERAL DIRECTOR — ADDRESS

Howard Blight Funeral Home 6009 Harford Rd. Baltimore, Md.

Mildred T. Blight

VS. A15 8-51

Item 21 Film G143 6-3-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3517 Oakmount Avenue

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) T. (Last) KAPP

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/27/78

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Bluffton, ~~Virginia~~ Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Kapp

14. MOTHER'S MAIDEN NAME: Catherine Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY EMBOLISM, SECONDARY TO NAILING OF HIP FRACTURE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/21/52

19b. MAJOR FINDINGS OF OPERATION: Nailing of Fractured Hip

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Balto. Md. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 5-1-52 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? Slipped and fell in back yard.

22. I hereby certify that VA attended the deceased from May 19, 1952, to May 21, 1952, ~~that I last saw the deceased~~ and that death occurred at 9:40 p.m., from the causes and on the date stated above.

SIGNATURE A. E. Pugh, M.D. (Degree or title) Acting Chief, Professional Services, VAH, Ft.Howard,Md. ADDRESS DATE SIGNED 5/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 24/52
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR May 23-52
REGISTRAR'S SIGNATURE Dawson L. Farber

24. FUNERAL DIRECTOR Loring Byers Funeral Home
ADDRESS 5005 Park Heights Ave., Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Reg. Dist. No. 49 — 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 113 N. Athol Avenue

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) P. (Last) KAVANAUGH

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-30-07

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Mutual Clerk

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick J. Kavanaugh

14. MOTHER'S MAIDEN NAME: Margaret Foley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO.: 215-10-4352

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF PANCREAS — Interval Between Onset And Death: Unknown

DUE TO

157 Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 12, 1952, to May 21, 19 52, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE I. Freeman (Degree or title) ADDRESS DATE SIGNED

IRVING FREEMAN, M.D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 5/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-26-52 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 5/23/52 — REGISTRAR'S SIGNATURE a W Fuller

24. FUNERAL DIRECTOR — ADDRESS
Howard Blight Funeral Home
6009 Harford Road, Baltimore, Md.
Howard J. Blight

033

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 12, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Register Ave. ~~Armacost Nursing Home~~	STREET ADDRESS (If rural, give location) 6303 Yorkshire Drive

3. NAME OF DECEASED (Type or Print)	(First) Luella	(Middle) Katherine	(Last) Keech	4. DATE OF DEATH	(Month) May (Day) 14, (Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 3, 1882	9. AGE last birthday 69 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Frederick, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Ernst A. Fox		14. MOTHER'S MAIDEN NAME Helen Marken			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mr. James K. Keech Same			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) OCCLUSION OF CORONARY ARTERY of HEART	5 days
4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROSIS	10 yrs.
(170x)	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARCINOMA of BREAST, removed. 15 yrs.

19a. DATE OF OPERATION 1937	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948 to May 14, 1952, that I last saw the deceased alive on May 13th, 1952, and that death occurred at 1:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. S. Chalfantmoor — ADDRESS 6210 York Road Baltimore — DATE SIGNED May 16, 52 12 Mo.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 17, 1952	NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	LOCATION (City, town, or county) (State) Pikesville, Maryland
DATE REC'D BY LOCAL REG. 5/16/52	REGISTRAR'S SIGNATURE H. W. Hedrick Dwr	24. FUNERAL DIRECTOR ADDRESS Henry W. Jenkins & Sons Co., Inc. 4905 York Rd., Baltimore 12, Md.	

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05034

Reg. Dist. No. 4P

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 8 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 2011 Deering Avenue

3. NAME OF DECEASED: (Type or Print) (First) EDWIN (Middle) H. (Last) KENDALL, SR.

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/19/98

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sand Blaster

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Kendall

14. MOTHER'S MAIDEN NAME: Mattie Horst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CHRONIC PULMONARY EMPHYSEMA — Unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

52%

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1952, to May 30, 1952, [illegible] alive on [illegible] and that death occurred at 11:25 P.m., from the causes and on the date stated above.

SIGNATURE Robert F. Beckley (DEGREE OR TITLE) ROBERT F. BECKLEY, M.D. ADDRESS VAH, FORT HOWARD, MD. DATE SIGNED 5-31-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/3/52

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6/2/52

REGISTRAR'S SIGNATURE: a w Bedrick

24. FUNERAL DIRECTOR ADDRESS: William Cook Funeral Mansion, St. Paul & Preston Sts. Baltimore, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

5935

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5602 Groveland Ave.

3. NAME OF DECEASED (Type or Print): (First) MARTIN (Middle) (Last) KOENIG, Sr.
4. DATE OF DEATH: (Month) May (Day) 19 (Year) 19 52
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed
8. DATE OF BIRTH: Jan. 28, 1863
9. AGE last birthday: 89 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Dept. (unknown)
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John F. Koenig
14. MOTHER'S MAIDEN NAME: Mary --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: --
17. INFORMANT AND ADDRESS: Mr. Martin Koenig, Sr.-5600 Groveland Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA of RECTUM — 1 YR.

154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CARDIO VASCULAR DISEASE — 2 YR

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 1, 1952, to MAY 17, 1952, that I last saw the deceased alive on MAY 18, 1952, and that death occurred at 12 45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. William Fry M.D. 1424 Pennsylvania Ave 20 May

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/22/52 | NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 5/20/52 | REGISTRAR'S SIGNATURE: a W Beans

24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons ADDRESS: Balto 17, Md.

VS. A-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Item 18 Film G142 5-20-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

036

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) ✓
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN old Hanover Rd.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Joseph (Last) Kreamer
4. DATE OF DEATH (Month) May (Day) 2 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 31 1873
9. AGE last birthday 79 yrs. (If under 1 year: Months 2; Days; If under 24 hrs.: Hours; Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm worker
10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer
11. BIRTHPLACE (State or foreign country) Balto Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William Peter Kreamer
14. MOTHER'S MAIDEN NAME Louise Sivear
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-07-9691
17. INFORMANT AND ADDRESS Mrs James McDonald Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) (2) Myocardial Insufficiency Chronic decompensating	1 Year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (1) Influenza	
	(c)	

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (3) Arteriosclerosis - general

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20/52 19..... to 5/2/52, 19..... that I last saw the deceased alive on 5/1/52 19....., and that death occurred at 7 A ■, from the causes and on the date stated above.

SIGNATURE James G. Lahell (Degree or title) M.D. ADDRESS Reisterstown Md DATE SIGNED 5/2/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 5-1952 — NAME OF CEMETERY OR CREMATORY Western — LOCATION (City, town, or county) (State) Balto. Balto, Md.

DATE REC'D BY LOCAL REG. 5-4-52 — REGISTRAR'S SIGNATURE Mary B. Elvins.

24. FUNERAL DIRECTOR ADDRESS Dewey A Kuhlmann Reisterstown, Md.

VS-AD

RECEIVED
MAY 6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 37

CERTIFICATE OF DEATH

Reg. Dist. No. 4K

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A11 8-51

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Ft. Howard

LENGTH OF STAY (in this place) 57 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 744 N. Linwood Ave.

3. NAME OF DECEASED: (Type or Print) (First) CLINTON (Middle) A (Last) KREMER

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	9-25-10	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Truck driver	Davidson Transfer	Baltimore, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Kremer	Annie Prince

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW-II	215 10 3288	Clin.Rec., Vet.Adm. Hosp, Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) SQUAMOUS CELL CARCINOMA OF LUNG — Unknown

DUE TO

163X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I VA attended the deceased from Mar. 12, 1952, to May 15, 1952, and that death occurred at 8:10 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

PAUL RICHARDSON M.D. 5/15/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 19, 1952	Union Cemetery	Meyersdale, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-16-52	L	G. Howard Evans	1400 S. Charles St. Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

138

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 Blenheim Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 206 Blenheim Rd

3. NAME OF DECEASED (Type or Print) (First) John (Middle) J (Last) KUNZ

4. DATE OF DEATH (Month) MAY (Day) 16 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH MAY 2 1871
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custom Tailor
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Emil Kunz
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –
16. SOCIAL SECURITY No. 213-14-8798
17. INFORMANT AND ADDRESS Mrs John J Kunz Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 7 days

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic C. V. disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 12, 1952, to May 16, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 12.20 P m., from the causes and on the date stated above.

SIGNATURE Howard L Zepeda (Degree or title) M D ADDRESS 427 Stephens Rd Balto 12 DATE SIGNED 5/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 19 1952
NAME OF CEMETERY ~~OR CREMATORY~~ New Cathedral
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H Wenkins & Sons Co ADDRESS 4905 York Rd.

05039

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8115 Hilltop Ave Balto Co

2. USUAL RESIDENCE (HOME) ~~OF DECEASED~~: STATE 3115 Hilltop Ave COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Link
4. DATE OF DEATH (Month) 5 (Day) 26 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH June 14-1861
9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Balto Co Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Link
14. MOTHER'S MAIDEN NAME Anna E Deering
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Clarence Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular Disease ?

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1937, to May 12, 1952, that I last saw the deceased alive on May 12, 1952, and that death occurred at 7.30 P m., from the causes and on the date stated above.

SIGNATURE Carl P Roesling (Degree or title) MD ADDRESS 1326 W Lombard St DATE SIGNED May 26, 1952

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 5-29-52
NAME OF CEMETERY OR CREMATORY Lowdon PK
LOCATION (City, town, or county) Frederick Rd (State) Balto Md

DATE REC'D BY LOCAL REG. 5/27/52
REGISTRAR'S SIGNATURE A.W. Hedrick
24. FUNERAL DIRECTOR Edward Toulson ADDRESS 2309 Wash Blvd Balto 30 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

5040

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2726 Alden Road

3. NAME OF DECEASED (Type or Print): (First) HENRIETTA (Middle) (Last) LUTTS
4. DATE OF DEATH: (Month) May 11 (Day) (Year) 19 52

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 28, 1902
9. AGE last birthday: 49 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Rezek
14. MOTHER'S MAIDEN NAME: Agnes Franc

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: William J. Lutts, husband, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Embolism — 20 Months

410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular Fibrillation — 1932

(c) Rheumatic C.V.D. & Mitral + Aortic Stenosis + Insuff.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 19[illegible], to 5/11, 1952 that I last saw the deceased alive on 5/10, 1952 and that death occurred at 4:25 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
J. Karl Grennan M.D. 1212 N. Patterson Park Ave 5/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 15, 1952 | NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery | LOCATION (City, town, or county) (State): Horner's Lane, Baltimore, Md.

DATE REC'D BY LOCAL REG.: 5/13/52 | REGISTRAR'S SIGNATURE: Dr. Redeck Dep. | 24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 941

CERTIFICATE OF DEATH

Reg. Dist. No. 2X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS Form 1-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 439 Patapsco Avenue

3. NAME OF DECEASED: (Type or Print) (First) GLEN (Middle) W. (Last) LYBERGER

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-11-18

9. AGE last birthday: 33 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture Finisher

10b. KIND OF BUSINESS OR INDUSTRY: Furniture

11. BIRTHPLACE (State or foreign country): Meyerdale, Pennsylvenia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lyberger

14. MOTHER'S MAIDEN NAME: Elizabeth Hastelbergler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 200-01-2684

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) PNEUMONIA-CAUSE UNKNOWN	UNK.
493 X Antecedent cause(s)	DUE TO (b)	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1952, to May 11, 1952, that I last saw the deceased alive on [illegible] and that death occurred at 7.22 P.m., from the causes and on the date stated above.

SIGNATURE GEORGE LERNER M.D. (DEGREE OR TITLE) ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 5-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-15-52

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5/13/52

REGISTRAR'S SIGNATURE H. W. Redmond

24. FUNERAL DIRECTOR Howard Blight Funeral Home — ADDRESS 6009 Harford Road, Baltimore, Maryland

Howard L. Blight

42

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Daniels
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Daniels Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Daniels
STREET ADDRESS (If rural, give location) 104 Daniels Rd

3. NAME OF DECEASED (Type or Print) (First) Carolyn (Middle) Ann (Last) Mabe
4. DATE OF DEATH (Month) May (Day) 9 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb 16 1954
9. AGE last birthday — yrs. If under 1 year: Months 2 Days 13 If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Balto Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Leo H. Mabe
14. MOTHER'S MAIDEN NAME Lucille Blair
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Leo Mabe Mabe, 104 Daniels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation

9240 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) (COUNTY) (STATE) found dead in bed between father & mother sleeping
TIME OF INJURY (Month) May (Day) 9 (Year) 52 (Hour) 8:25 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? 104 Daniels Md

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo M Kieffer Md Dep Med Exam Balto Co
ADDRESS 1010 Leeds Ave
DATE SIGNED May 9 52

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF May 11 52
NAME OF CEMETERY OR CREMATORY Gibson Family Cem
LOCATION (City, town, or county) (State) Lee Valley Tenn
DATE REC'D BY LOCAL REG. May 9 52
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR Easton Sons
ADDRESS Ellicott City Md

10216219340 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MAY 12 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 43

CERTIFICATE OF DEATH

Reg. Dist. No. ..

PLEASE WRITE PLUNFADING INK. Every item of information should be carefully supplied. T
correct ■e is esp■ia Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print) Mrs. Maude E. Magill

2. DATE OF DEATH 5/18/52

3. PLACE OF DEATH: A. Baltimore City, Maryland Townsd

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6914 Bellona Avenue

c Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 6914 Bellona Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
female	white	married	Oct. 15, 1873	78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Pleines

14. MOTHER'S MAIDEN NAME Rosina Becker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Mr. Thomas A.D. Magill, 6914 Bellona

CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Myocardial infarction	immediate
	DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Coronary sclerosis	5 yrs.
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	arteriosclerosis obliterans	5 yrs.

22. *I hereby certify that I attended the deceased from* May 19 52 *to* 5/18 19 52, *that I last saw the deceased alive on* 4/2 19 52 *and that death occurred at* 8:45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE Melvin D Tennent M. D

23B. ADDRESS 11 W 22nd St

23C. DATE SIGNED 5/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/21/52	Moreland Mem. Park	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR 5/20/52

REGISTRAR'S SIGNATURE C W Hedrick

25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]44

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 6 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1903 Longwood St.

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) T-Frey (Last) Martin

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 20 1891

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Frey

14. MOTHER'S MAIDEN NAME: Mary L. Longanecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	2 days
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Huntington's Chorea with Psychosis	6 yrs
	(c)	

25 6X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1950, to May 25, 1952, that I last saw the deceased alive on May 25, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick L Phillips, MD Spring Grove Hosp May 25 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-28-1952

NAME OF CEMETERY OR CREMATORY York Rd. Cemetery

LOCATION (City, town or county) Hanover, (State) Pa.

DATE REC'D BY LOCAL REG. 5/27/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR J. Howard Strong ADDRESS 3207 W. North Ave.,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. A15 8-51

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0045

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 36 yr 11 mo 11 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Spring Grove State Hospital

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) William Mateju

4. DATE OF DEATH (Month) (Day) (Year) May 3 1952

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH Sept 8, 1886

9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewer

10b. KIND OF BUSINESS OR INDUSTRY Printing

11. BIRTHPLACE (State or foreign country) Austria

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Vaclav Mateju

14. MOTHER'S MAIDEN NAME Marie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Records Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 5-1-51 Mid thigh amputation for arteriosclerotic right leg gangrene

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined*

SIGNATURE Geo. M. Kieffer Jr. (Degree or title) Dep. Med. Exam Balto Co. ADDRESS 1010 Leeds ave DATE SIGNED May 3, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 5-5-52 NAME OF CEMETERY OR CREMATORY Mt. Carmel LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REG. May 4-1952 REGISTRAR'S SIGNATURE William M. Kelly Jr.

24. FUNERAL DIRECTOR Kelly & Zeller Co. ADDRESS 4-03 S. Wolfe St.

RECEIVED
MAY 7 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

5046

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown; LENGTH OF STAY (In this place) 4 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Dam Project.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus, 27 Md.; STREET ADDRESS (If rural, give location) 4721 Benson Ave.

3. NAME OF DECEASED (Type or Print): (First) W M (Middle) H. (Last) MAYBERRY

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1952

5. SEX: Male.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 29, 1911

9. AGE last birthday: 40 yrs. If under 1 year: Months, Days. If under 24 hr: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steelworker Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): WEATHERFORD TEXAS

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: O. H. MAYBERRY

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY No. 572-12-8218

17. INFORMANT AND ADDRESS: MRS BONNIE MAYBERRY 4721 BENSON AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Crushed Skull.	Instant.
110.8 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured st. Knee.	Instant.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None. 19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Dam Construction (CITY OR TOWN) Randallstown (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): May 28 '52 9:30 A m. INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Cable on Steel Tower broke & it fell hitting Mayberry.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Eagle (Degree or title) Deputy Md. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: May 28 '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE THEREOF: May 29-52. NAME OF CEMETERY OR CREMATORY: Woodlawn. LOCATION (City, town, or county) (State): Woodlawn Md.

DATE REC'D BY LOCAL REG. 6/2/52 REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Ellsworth Armacost ADDRESS: 4600 Liberty Heights Ave.

Information added in red below:
Film G142 5/15/52 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH

5047

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
HOSPITAL OR INSTITUTION OR STREET ADDRESS Essex Tred avon Rd	STREET ADDRESS (If rural give location) Tred avon Rd
3. NAME OF DECEASED (Type or Print) (First) John (Middle) F. (Last) McLain	4. DATE OF DEATH (Month) 5 (Day) 14 (Year) 1952
5. SEX MALE — 6. COLOR OR RACE WHITE — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED	8. DATE OF BIRTH Aug 5 1894 — 9. AGE last birthday 57 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] — 10b. KIND OF BUSINESS OR INDUSTRY [illegible] MOTOR CO.	11. BIRTHPLACE (State or foreign country) Balto Md — 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John F McLain Sr	14. MOTHER'S MAIDEN NAME Mary Eckman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible] — 16. SOCIAL SECURITY NO.	17. INFORMANT Mr John F McLain 3rd Tred Avon Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a) Coronary Occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	7 –
(260X)	(c) Hypertensive Cardio-vascular Viscos.	–

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] Davis [illegible] Dept. Med Exam. [illegible] Md 5/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 19, 1952	NAME OF CEMETERY OR CREMATORY Balto National Cem.	LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REG. 5/15/52	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Lansohn Funeral Home 7401 Belair Rd.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05048

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 1 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 336 Greenlow Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 336 Greenlow Road

3. NAME OF DECEASED (Type or Print): (First) Bare (Middle) Julia (Last) Wiegel
4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 27, 1889
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Frederick Schanfelter
14. MOTHER'S MAIDEN NAME: Ella Seifert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Walter J. Melzer 336 Greenlow Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X Immediate cause (a) Coronary Thrombosis — 12 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) H.A.C.V. disease — 8 yrs

(c) Diabetes Mellitus — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1942 to May, 1952, that I last saw the deceased alive on 5/2, 1953, and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. F. Tubinski MD — ADDRESS: 1845 W Balto St — DATE SIGNED: 5/3/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 6-1952 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county): Baltimore — (State): Md

DATE REC'D BY LOCAL REG.: 5/5/52 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR: John F. Tempel 5311 Edmondson Ave — ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place) 41 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4504 Ridge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 4504 Ridge Ave

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) (Last) MENSING

4. DATE OF DEATH (Month) May (Day) 9 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec 13, 1875
9. AGE last birthday 76 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done [redacted] life, even if retired) Poultry Dealer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS John R. Mensing 4504 Ridge Ave 27

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Dehydration —	3 days
334 X Antecedent cause(s)	(b) Cerebral degeneration — result of arteriosclerosis	+ yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 22, to May 9, 1952, that I last saw the deceased alive on May 4, 1952, and that death occurred at 1 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edwin S. Beutler MD - 1014 Frances Ave - Balto, - Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 12 1952
NAME OF CEMETERY OR CREMATORY St. Paul's
LOCATION (City, town, or county) (State) Violetsville Balto Md.

DATE REC'D BY LOCAL REG. 5/12/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John F. Teufel 5311 Edmondson Ave ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

50

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort Howard
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 44 "B" Street

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) K. (Last) MERIWETHER

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1952

5. SEX: MALE Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 8-12-94

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electronic Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Fed. Com.

11. BIRTHPLACE (State or foreign country): Grapeland, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Meriwether

14. MOTHER'S MAIDEN NAME: Frances Keen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI ✓

16. SOCIAL SECURITY NO.: 010-07-7057

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF KIDNEY — Unknown

1804

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1952, to May 30, 1952, [illegible] and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) WILLIAM B. VA[illegible], M.D. ADDRESS VAH, FORT HOWARD, MD. DATE SIGNED 5-31-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF June 3, 1952

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/2/52

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR ADDRESS
Howard Blight Funeral Home
6009 Harford Rd. Baltimore, Md.
Mildred T. Blight

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

51

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn / Balto 15
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6704 Mt. Vernon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 15 Md. Lochearn
STREET ADDRESS (If rural, give location) 6704 Mt Vernon Ave.

3. NAME OF DECEASED (Type or Print) (First) HOWARD (Middle) ROBT. (Last) MERRICK

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1952

5. SEX Male.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 13, 1900
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) metal worker
10b. KIND OF BUSINESS OR INDUSTRY Contracting
11. BIRTHPLACE (State or foreign country) Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robt. H. Merrick
14. MOTHER'S MAIDEN NAME Susie A. Slinning.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted])
16. SOCIAL SECURITY NO. 212-15-4015
17. INFORMANT AND ADDRESS Mrs Jos. Kreiner (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Artery Disease — 2 yrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ~~None~~ Left Inguinal Hernia — 10 yrs

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None. (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples — Deputy Med. Exam (Degree or title) M.D. — ADDRESS Reisterstown, Md. — DATE SIGNED May 24 '52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/27/52
NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. 5/16/52
REGISTRAR'S SIGNATURE H. D. Hedrick Dec
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons — ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 210 S. Eutaw Street

3. NAME OF DECEASED: (Type or Print) (First) TONY (Middle) J. MITOS (Last) (also MATONIS)

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-29-96
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser
10b. KIND OF BUSINESS OR INDUSTRY: Dry Cleaning
11. BIRTHPLACE (State or foreign country): Lithiwania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joe Mitos
14. MOTHER'S MAIDEN NAME: Annie Benza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 217-09-5625
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARDIAC FAILURE	20 hours
420.0	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	unknown
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1952, to May 10, 1952, ~~[illegible]~~ ~~[illegible]~~, and that death occurred at 4:25 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
I. FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 5-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-14-52
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 5/13/52
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Mildred T. Blight ADDRESS
Howard Blight Funeral Home
6009 Harford Road, Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A11 8-51

05053

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ; LENGTH OF STAY (In this place): ; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bethlehem Steel Company Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point; STREET ADDRESS (If rural, give location): 212 D Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) DANE (Last) MORRIS

4. DATE OF DEATH: (Month) May (Day) 23, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE (last birthday): 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Box Factory

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jim Morris

14. MOTHER'S MAIDEN NAME: Catyerine Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Miss Isabella Sullivan 212 D. St Sp. Pt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4. Immediate cause (a) Myocardial Infarct

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: Due to Arteriosclerotic Cardiovascular Disease

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William [illegible] (Degree or title): Assistant Medical Examiner, ADDRESS: 700 Fleet St., Balto. 2, Md. DATE SIGNED: 5/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal; DATE THEREOF: May 24, 1952; NAME OF CEMETERY OR CREMATORY: Spanareville, Va.; LOCATION (City, town, or county) (State): Spanareville, Va.

DATE REC'D BY LOCAL REG.: May 24 1952; REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Ullrich Funeral Home; ADDRESS: 2004 Orleans St.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 54

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 20yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 6027 Edmonson Blvd.

3. NAME OF DECEASED: (Type or Print) (First) OMAR (Middle) (Last) MUIR

4. DATE OF DEATH: (Month) (Day) (Year) 5-12-1952 19

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 9/11/1882

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHIPYARD CORKER

10b. KIND OF BUSINESS OR INDUSTRY: SHIPBUILDING

11. BIRTHPLACE (State or foreign country): ORIOLE, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALEXANDER MUIR

14. MOTHER'S MAIDEN NAME: ELIZABETH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: ELSIE JANE MUIR-6027 EDMONSON BLVD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic CV disease i finitum — INTERVAL BETWEEN ONSET AND DEATH: 3 months

422.1

Antecedent cause(s) DUE TO (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to May 19 1952, that I last saw the deceased alive on 5-19, 1952, and that death occurred at 5-8 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Jean A. Kochman, Ass. ADDRESS 1037 N. Calvert St - Baltimore DATE SIGNED 5/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 5/22/52 NAME OF CEMETERY OR CREMATORY Arbutus Meml Pk LOCATION (City, town, or county) Balto County (State) Md

DATE REC'D BY LOCAL REG. 5-22-52 REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR CHARLES G. COOPER-51 ADDRESS CARROLLTON AV.

Charles G Cooper

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIV
MAY 26 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

25055

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Catonsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Fusting Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2004 Linden Avenue ✓

3. NAME OF DECEASED (Type or Print) (First) CECELIA (Middle) (Last) MUND
4. DATE OF DEATH (Month) May (Day) 8 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 1885
9. AGE last birthday 66 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harris Harris
14. MOTHER'S MAIDEN NAME Fannie Schiff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Adolph Furman-Latrobe Apts. Charles & Reed Sts.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure — 1 Day

197.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma - metastases to spine & ribs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Johns Hopkins 1950(?)
19b. MAJOR FINDINGS OF OPERATION Papilloma of eye
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to May 7, 1952, that I last saw the deceased alive on May 7, 1952, and that death occurred at 5:10 a.m., from the causes and on the date stated above.

SIGNATURE Sidney L. Levy (Degree or title) M.D. ADDRESS 2322 Eutaw Place DATE SIGNED 5/8/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 9, 1952
NAME OF CEMETERY OR CREMATORY Baltimore Hebrew
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5-8-52
REGISTRAR'S SIGNATURE T
24. FUNERAL DIRECTOR Sol Levinson & Bros. ADDRESS 1124 W. North Ave. Balto. Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 56

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLITH UNFADING INK. Every item of information should be carefully supplied. correct age is especiant. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Henry G. Myers.

2. DATE OF DEATH: May 12, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3030 Taylor Ave.
C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore County
D. STREET ADDRESS (If rural, give location): 3030 Taylor Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Dec 17, 1898	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Penna R.R.	Maryland	U.S.

13. FATHER'S NAME: Granville Myers.

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS: Mrs. Gladys R. Myers 3030 Taylor Ave

MEDICAL CERTIFICATION

18. 162 X

CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchiogenic Carcinoma Lt. — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

DUE TO

(B) Chr. Bronchiectasis — yrs ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-15-52	Bronchoscopy & Biopsy	YES ☐ NO ☒

22. *I hereby certify that I attended the deceased from* 6-9-, 1950 *to* 5-12-, 1952, *that I last saw the deceased alive on* 5-12-, 1952 *and that death occurred at* 5:18 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Robert Hine M. D.

23B. ADDRESS: 3105 N. Charles St.

23C. DATE SIGNED: 5-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 15/52	Moreland Memorial Pk	Taylor Ave, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1952

REGISTRAR'S SIGNATURE: Hunting Holmes M.D.

25. FUNERAL DIRECTOR ADDRESS: Eudin E. Donovan 3818 Poland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 46 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2918 Brighton Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) R. (Last) OLDERSHAW

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-9-93
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool Repairman - Supply Equipment Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Plains, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter Oldershaw
14. MOTHER'S MAIDEN NAME: Mary Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 168-12-7687
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) ARTERIOSCLEROTIC HEART DISEASE WITH COMPLETE HEART BLOCK	5½ months
260 X	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DIABETES MELLITUS	2 years
	DUE TO GANGRENE OF LEFT GREAT TOE SECONDARY TO ABOVE	2 months
	(c) MID THIGH AMPUTATION, RIGHT, OLD	2 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-16-52
19b. MAJOR FINDINGS OF OPERATION: Left lumbar sympathectomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from March 21 1952, to May 6, 1952, ~~that I last saw the deceased alive on~~ and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 5-6-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-8-1952
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5/6/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Avenue Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

058

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) H. (Last) OUSLEY

4. DATE OF DEATH (Month) May (Day) 1 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan. 28, 1877
9. AGE last birthday 75 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Ousley
14. MOTHER'S MAIDEN NAME Addleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs H. Oberender. Elk Road Essex. Md. Middle Brough

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema	3 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1952, to May 1, 1952, that I last saw the deceased alive on April 30, 1952, and that death occurred at 1:45 a.m., from the causes and on the date stated above.

SIGNATURE Elizabeth B. Sherrill (Degree or title) M.D. ADDRESS Cockeysville, Md. DATE SIGNED May 1, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-7-52
NAME OF CEMETERY OR CREMATORY Gessops Methodist
LOCATION (City, town, or county) Sparks (State) Md.
DATE REC'D BY LOCAL REG. May 1 52
REGISTRAR'S SIGNATURE Wm. J. Chilcoat
24. FUNERAL DIRECTOR L. Scott Brooks. ADDRESS Sparks, Md.

RECEIVED
MAY 5 1952
BUREAU K S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm P.O. — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sinns Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm P.O.
STREET ADDRESS (If rural give location) Sinns Ave

3. NAME OF DECEASED (Type or Print): (First) G (Middle) Raymond (Last) Parlett
4. DATE OF DEATH: (Month) May (Day) 24 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 4-1901
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Hoopers Factory
11. BIRTHPLACE (State or foreign country): Balto Co.
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: John Parlett
14. MOTHER'S MAIDEN NAME: Ida Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 212-09-8145
17. INFORMANT: Mrs. Raymond Parlett Sinns Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 3 yrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 12 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1939, to May 24, 1952, that I last saw the deceased alive on May 22, 1952, and that death occurred at 8:12 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold H Burns M.D 2823 Linwood Ave. Parkville Md 5/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/28/52 | NAME OF CEMETERY OR CREMATORY: Maryland Memorial Park | LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 5/26/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Lansdale Funeral Home 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. (1944) 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlotte Hall
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) E. (Last) PARRISH

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 4-9-12

9. AGE last birthday: 40 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bogabune, Ia.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas G. Parrish

14. MOTHER'S MAIDEN NAME: Estelle Agnes Foshe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes ✓ — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 225-18-6444

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) RUPTURED CONGENITAL ANEURYSM, RIGHT ANTERIOR CEREBRAL ARTERY — INTERVAL BETWEEN ONSET AND DEATH: 18 days

754.6

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30 1952, to May 13, 1952, and that death occurred at 10:35 A.m., from the causes and on the date stated above.

SIGNATURE: William VanSlyck, M. D. (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 5-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: — NAME OF CEMETERY OR CREMATORY: Tucker Mausoleum — LOCATION (City, town, or county) (State): Madison, Virginia

DATE REC'D BY LOCAL REG.: May 14-52 — REGISTRAR'S SIGNATURE: Dawson L. Harbey

24. FUNERAL DIRECTOR — ADDRESS: Joseph Mattingly, Leonardtown, Maryland

VS-A-6 8-51

RECEIVED
MAY 16 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Balto. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville — LENGTH OF STAY (in this place): 2 wks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2 Shawan Rd.	STREET ADDRESS (If rural, give location): 4000 4th Street

3. NAME OF DECEASED (Type or Print)	(First) Ida	(Middle) Summers	(Last) Pascault	4. DATE OF DEATH	(Month) May (Day) 30 (Year) 1952
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: March 24 1876	9. AGE last birthday: 76 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY: House keeper	11. BIRTHPLACE (State or foreign country): Easton, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: unknown	14. MOTHER'S MAIDEN NAME: unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS: Frank Pilsch, Easton, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	1 day
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic cardio vascular disease	6 mons
260x1	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	4 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 May, 1952, to May, 1952, that I last saw the deceased alive on dead on arrival, 19....., and that death occurred at 11:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter T. Vees	M.D.	Cockeysville Md.	OK'd by Dr. R. Hudson of Towson, Md. M.E. 3 May 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-2-1952	Spring Hill	Easton	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 30/52	Wm. J. Chilcoat	L. Scott Brooks	Sparks, Md.

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

062

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 711 Hammonds Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 711 Hammonds Lane

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) L. (Last) PEREGOY

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Aug. 12, 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Berends

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mr. Edward L. Peregoy -Route#1,Box#7 Glen Burnie, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) coronary occlusion -

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertensive cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1943, to May 26, 1952, that I last saw the deceased alive on May 26, 1952, and that death occurred at 8 P.m., from the causes and on the date stated above.

SIGNATURE Philip Kriston (Degree or title) MD ADDRESS 305 Patapsco Ave Balto DATE SIGNED 5/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/29/52 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. | LOCATION (City, town, or county) (State): Brooklyn, Md.

DATE REC'D BY LOCAL REG. 5/29/52 | REGISTRAR'S SIGNATURE Grant

24. FUNERAL DIRECTOR. ADDRESS Wm. J. Vickers & Sons Balto 14, Md.

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '63

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard

LENGTH OF STAY (in this place) 31 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 5

STREET ADDRESS (If rural, give location) 2737 E. Monument Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) Norton (Last) PITMAN

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-23-78

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Kuni Wilson Paint Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Richard Pitman

14. MOTHER'S MAIDEN NAME: Edith Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) SPONTANEOUS PNEUMOTHORAX	31 days
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CHRONIC BRONCHITIS	45 days
	DUE TO PULMONARY EMPHYSEMA	31 days
	(c) ARTERIOSCLEROTIC HEART DISEASE	31 days

5020

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 19 52, to May 16, 19 52, [illegible] and that death occurred at 4:50 A. m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS DATE SIGNED

I. FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 5-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 19, 1952

NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. May 19 1952

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Schimunek Funeral Home ADDRESS 2601 E. Madison Ave. Baltimore, Maryland

VA Form 8-51

...064

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4400 Glenmore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural give location) 4400 Glenmore Ave

3. NAME OF DECEASED (Type or Print) (First) Elmer F (Middle) (Last) Plowman
4. DATE OF DEATH (Month) May (Day) 13 (Year) 1952

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 15-1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher
10b. KIND OF BUSINESS OR INDUSTRY Bro. R.R.
11. BIRTHPLACE (State or foreign country) Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME —
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 705-12-1902
17. INFORMANT Mrs. E. F. Plowman, 4400 Glenmore Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Hypertensive - arteriosclerotic Heart Disease	15 yr.

42C0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1950, to May 13, 1952, that I last saw the deceased alive on May 13, 1952, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

SIGNATURE Adam G Swiss (Degree or title) M.D. ADDRESS 6232 Belair Road DATE SIGNED May 13, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/16/52
NAME OF CEMETERY OR CREMATORY Moreland Memorial Park
LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REG. May 14-1952
REGISTRAR'S SIGNATURE Mrs. A. L. Reifsnider
24. FUNERAL DIRECTOR Lassalus Funeral Home ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 15 1952
BUREAU V. S.

Item 21 Film G142 5-20-52 ams

65

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel Air Nr Carney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural R.F.D #34
STREET ADDRESS (If rural, give location) 18th Ave & Joppa Rd

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Ellsworth (Last) Powell

4. DATE OF DEATH (Month) May (Day) 3 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10 11 1931
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Helper
10b. KIND OF BUSINESS OR INDUSTRY Truck
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Elijah Powell
14. MOTHER'S MAIDEN NAME Bessie Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Elijah Powell Above Address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

729.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Sand & Gravel Pit (CITY OR TOWN) Joppa Rd. (COUNTY) Carney, Balto. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-3-52 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Swimming in 9 ft. of water.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE William V Lovitt MD (Degree or title) ADDRESS DATE SIGNED May 4 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/6/52
NAME OF CEMETERY OR CREMATORY Tessups M.C.
LOCATION (City, town, or county) Lockeysville (State) Md

DATE REC'D BY LOCAL REG. 5/5/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 5066 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Balto City
LENGTH OF STAY (in this place) since 6/47
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa-Bellona Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Juliet (Middle) Street (Last) Price
4. DATE OF DEATH: (Month) (Day) (Year) May 12 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 19 1869
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Bel Air Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph M. Streett
14. MOTHER'S MAIDEN NAME: Juliet Tover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Wm J. Price-3rd (son)-Burton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.
DUE TO
422.1
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7, 1946, to 5-12, 1952, that I last saw the deceased alive on 5-12, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE A.D. Flynn (DEGREE OR TITLE) M.S.D. ADDRESS DATE SIGNED 5-13-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: May 14 1952
NAME OF CEMETERY OR CREMATORY: Chesterfield
LOCATION (City, town, or county) (State): Centreville, Md.
DATE REC'D BY LOCAL REG. 5/13/52
REGISTRAR'S SIGNATURE R.O. Hedrick
24. FUNERAL DIRECTOR: Stewart & Mowen Co.-108 W. North ADDRESS Balto-1-Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

967

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY ~~Balto.~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1135 Poplar Grove St

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) H. (Last) Ramsburg
4. DATE OF DEATH (Month) May (Day) 25/52 (Year) 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Feb. 12, 1887
9. AGE last birthday 7-- 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Rabuck Coal Co.
11. BIRTHPLACE (State or foreign country) Frederick, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Conrad
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216 18 7412
17. INFORMANT AND ADDRESS Mrs. Catherine Hildebrand, 1504

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) due Hypertensive cardio-vascular - renal disease of long duration
(c) Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH: 7 to 14 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 July, 1950, to 25 May, 1952, that I last saw the deceased alive on 24 May, 1952, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE Emil H. Henning Jr (Degree or title) M.D. ADDRESS 601 Winans Way DATE SIGNED 26 May 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 28/52
NAME OF CEMETERY OR CREMATORY Mt. Olive
LOCATION (City, town, or county) (State) Frederick, Md.

DATE REC'D BY LOCAL REG. 5-27-52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Harry H. Wietzke ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Paradise av

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 5 Paradise av

3. NAME OF DECEASED (Type or Print) (First) Ann (Middle) Elizabeth (Last) Reilly
4. DATE OF DEATH (Month) May (Day) 11 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH May 30 1903
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Wholesale Merchandise
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William P Reilly
14. MOTHER'S MAIDEN NAME Mary Ann Grady
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Margaret Keenan 1912 Barclay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo M Kieffer Jr Md Geo M Balto
ADDRESS 1010 Leeds av
DATE SIGNED May 12 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-15-52
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 5/13/52
REGISTRAR'S SIGNATURE Geo. Hedrick
24. FUNERAL DIRECTOR WM. J. TICKNER & SONS
ADDRESS BALTO. MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

69

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY ~~Balto.~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore --
STREET ADDRESS (If rural, give location) 2913 W. North Ave.

3. NAME OF DECEASED (Type or Print) (First) GUSTAVUS (Middle) W (Last) RICE

4. DATE OF DEATH (Month) May (Day) 16 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH May 6, 1866
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown
10b. KIND OF BUSINESS OR INDUSTRY unknown
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Sp. Amer.
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mrs. Mildred Snyder - 2913 W. North Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mesenteric Thrombosis
570.2 Antecedent cause(s) (b) Generalized Arteriosclerosis
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Bronchiectasis

INTERVAL BETWEEN ONSET AND DEATH: 3 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to May 16, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE James J Nelson (Degree or title) MD ADDRESS 6014 Edmondson Ave Catonsville Md DATE SIGNED 5/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/20/52
NAME OF CEMETERY OR CREMATORY Baltimore National Cem.
LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REG. 5/14/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. J. Pickney & Sons ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (70)

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Typewrite if correct are is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 9 hrs. 20min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3126 Virginia Avenue

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) A. (Last) RICHARDS

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/23/88

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11 BIRTHPLACE (State or foreign country): Hampstead, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer Richards

14. MOTHER'S MAIDEN NAME: Lydia Coitser

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WWI

16. SOCIAL SECURITY No.: [redacted]

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) RHEUMATIC ENDOCARDITIS, MITRAL INSUFFICIENCY — Interval Between Onset And Death: Unknown

410 X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO — (b)

DUE TO — (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 19 52, to May 22, 19 52, [redacted] and that death occurred at 1:10 a.m., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller (Degree or title) — ADDRESS — DATE SIGNED

JOSEPH M. MILLER, M.D., CHIEF SURGICAL SERVICE, VAH, FORT HOWARD, MD. 5/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-27-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): 5501 Frederick Road — ADDRESS

DATE REC'D BY LOCAL REGISTRAR: 5/23/52 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Md. — Howard L. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3004 Parktowne Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3004 Parktowne Road

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Underwood (Last) Roberts
4. DATE OF DEATH (Month) May (Day) 17th (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Jan. 6, 1877
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk
10b. KIND OF BUSINESS OR INDUSTRY B & ORR
11. BIRTHPLACE (State or foreign country) Bivalva, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Francis Roberts
14. MOTHER'S MAIDEN NAME Charlotte J. Evans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 705-05-2940
17. INFORMANT Mrs. Lula L. Roberts, 3004 Parktowne

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease, vascular: coronary occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson (Degree or title) MD. DME. ADDRESS Towson, Md. DATE SIGNED 5/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/19/52
NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 5/19/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 973

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2334 Monumental Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 2334 Monumental Avenue

3. NAME OF DECEASED: (Type or Print) (First) DOROTHY (Middle) C. (Last) SCHMEISER

4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 3, 1865

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Hermann Ahlers

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John Wischhusen, 2334 Monumental Avenue, Lansdowne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 442.4	(a) Cardio-Vascular Renal Disease	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio-Sclerosis	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ....., 1948, to May 29, 1952, that I last saw the deceased alive on 5/29 ....., 1952, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE Chas. L. Ball Jr. (DEGREE OR TITLE) ADDRESS Lutherville Md. DATE SIGNED 5/29/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	5/31/52	Oak Lawn Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 31 1952	R. W.	Wm. Cook, Inc.,	1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8827 Victory Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton.
STREET ADDRESS (If rural give location) 8827 Victory Ave

3. NAME OF DECEASED (Type or Print) (First) Edwin. (Middle) F. (Last) Schmidt
4. DATE OF DEATH (Month) May (Day) 19 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 20-1899
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Air Craft Mechanic
10b. KIND OF BUSINESS OR INDUSTRY G L Martins Co.
11. BIRTHPLACE (State or foreign country) P.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Schmidt
14. MOTHER'S MAIDEN NAME Mary Weichman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-03-048
17. INFORMANT Mrs. Edwin Schmidt 8827 Victory Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF RIGHT LUNG with metastasis	6 mos +
162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1/24/1952
19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF R. LUNG (PNEUMONECTOMY)
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1952 to 5/19, 1952, that I last saw the deceased alive on 5/16, 1952, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 6331 Belair Road Balto (6) Ave DATE SIGNED 5/19/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/22/52
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) Fogelsville (State) Pa.

DATE REC'D BY LOCAL REG. 5/20/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Lassalm Funeral Home ADDRESS 7401 Belair Rd.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Winter's Lane-Western Cemetery

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 639 McKewin Avenue #18

3. NAME OF DECEASED (Type or Print) (First) CLAIRE (Middle) BARBARA (Last) SCHNEIDER
4. DATE OF DEATH (Month) May (Day) 1 (Year) 1952

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan.30,1942
9. AGE last birthday 10 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leo. A. Schneider
14. MOTHER'S MAIDEN NAME Clara A. Nowakowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 639 McKewin Avenue Mrs. Theresa B. Schneider

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bullet wound of chest

981X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY tool shed
(CITY OR TOWN) (COUNTY) (STATE) Western Cemetery-Catonsville, Balto.Cty.Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-30-52 11:30P m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide X, undetermined ☐.*

SIGNATURE Stanley K Durlacher (Degree or title) ADDRESS Ass't. Medical Examiner-700 Fleet St., Balto.,Md. DATE SIGNED 5-1-52

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 5/3/52
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 5-2-52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. ADDRESS Balto.13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

75

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Winter's Lane-Western Cemetery

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 639 McKewin Avenue #18

3. NAME OF DECEASED (Type or Print) (First) LEO (Middle) A. (Last) SCHNEIDER
4. DATE OF DEATH (Month) May (Day) 1 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 9, 1902
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John C. Schneider
14. MOTHER'S MAIDEN NAME Theresa Dumler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 639 McKewin Avenue Mrs. Theresa B. Schneider

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bullet wound of head

976x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ ~~CAUSE OF~~ DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY tool shed
(CITY OR TOWN) (COUNTY) (STATE) Western Cemetery-Catonsville, Balto. Cty, Md
TIME OF INJURY (Month) (Day) (Year) (Hour) April 30, 1952 11:30 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Stanley H. Dunlacher Ass't. Medical Examiner-700 Fleet St. Balto., Md. 5-1-52

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 5/3/52
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 5-2-52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC ADDRESS Balto. 13

Henry F. Sander

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH — COUNTY: BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RANDALLSTOWN — LENGTH OF STAY (in this place): 4 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WINANDS ROAD.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND. — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RANDALLSTOWN
STREET ADDRESS (If rural, give location): WINANDS ROAD.

3. NAME OF DECEASED (Type or Print): (First) CLAUDE (Middle) DUVALL (Last) SHACKLETT
4. DATE OF DEATH: (Month) MAY (Day) 22 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: MAY 7 - 1881
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GROOM - GARDNER
10b. KIND OF BUSINESS OR INDUSTRY: ←
11. BIRTHPLACE (State or foreign country): FRONT ROYAL - VA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN SHACKLETT
14. MOTHER'S MAIDEN NAME: RACHAEL -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 211-16-1356
17. INFORMANT AND ADDRESS: MR. JOHN SHACKLETT - SON WINANDS RD RAND'STOWN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONGESTIVE HEART FAILURE	1 YEAR
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE C.V. DISEASE	5 YEARS.
	(c) RENAL INVOL.	

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: NONE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 12, 1952, to MAY 22, 1952, that I last saw the deceased alive on MAY 12, 1952, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE: Thomas E. [illegible] (Degree or title) MD — ADDRESS: Randallstown Md — DATE SIGNED: 5-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 24.52 — NAME OF CEMETERY OR CREMATORY: St Thomas — LOCATION (City, town, or county) (State): Randallstown Balto County
DATE REC'D BY LOCAL REG.: 5/23/52 — REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: ISAIAH L BROWNSON — ADDRESS: 108 W MONTGOMERY ST

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7733

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—5-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 804 Burgundy Street

3. NAME OF DECEASED (Type or Print): (First) IEO (Middle) R. (Last) SHELDON

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 5-9-90

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Jewelry

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Sheldon

14. MOTHER'S MAIDEN NAME: Ida Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 212-14-9097

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) SHOCK	9 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO RIGHT (2ND STAGE TOTAL) ADRENALECTOMY FOR CARCINOMA	2 years
	(c) DUE TO OF PROSTATE	

1774

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-1-52

19b. MAJOR FINDINGS OF OPERATION: Right (2nd stage total) adrenalectomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 19 52, to May 1, 1952, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller (DEGREE OR TITLE) ADDRESS: JOSEPH M. MILLER, M. D., CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MD. — DATE SIGNED: 5-2-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE, THEREOF: 5/6/52 — NAME OF CEMETERY OR CREMATORY: New Balto Nat'l Cem — LOCATION (City, town, or county) (State): 5501 Frederick Rd.

DATE REC'D BY LOCAL REG. 5/3/52 — REGISTRAR'S SIGNATURE: R. W.

24. FUNERAL DIRECTOR: Cowan Funeral Home — ADDRESS: Hollins & Poppleton Sts. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 78

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 524 Franklyn Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 524 Franklyn Ave.

3. NAME OF DECEASED: (Type or Print) (First) J. (Middle) HOWARD (Last) SHUNK

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: Feb. 8 - 1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Balto., Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob H. Shunk

14. MOTHER'S MAIDEN NAME: Virginia Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: J. Howard Shunk (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Adenocarcinoma of

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Descending Colon with

DUE TO (c) Metastases

INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 14 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1952 to May 14, 1952, that I last saw the deceased alive on May 14, 1952, and that death occurred at 3.30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Joseph Mack MD ADDRESS 422 Eastern Ave Balto 21 Md DATE SIGNED 5/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 17-1952

NAME OF CEMETERY OR CREMATORY Parkwood Cem.

LOCATION (City, town, or county) (State) Balto., Co. Md

DATE REC'D BY LOCAL REG. May 16, 1952

REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR John G. Connelly

ADDRESS 418 Eastern Ave. Balto 21. Md.

RECEIVED
MAY 19 1952
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ... 079

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1 PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1013 N. Stricker St.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) N. (Last) Smiley

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-5-78

9. AGE last Birthday: 74 yrs. — IF UNDER 1 YEAR: Months ... Days ... — IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Inspector of meters

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Smiley

14. MOTHER'S MAIDEN NAME: Emma Lawrenson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 15½X	(a) Massive Bronchopneumonia	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Malnutrition and Debility	4 months
DUE TO	(c) Carcinoma of Sigmoid Colon	Uncertain

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia — Uncertain

19a. DATE OF OPERATION: 2/2/52

19b. MAJOR FINDINGS OF OPERATION: Volvulus of large bowel

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ... PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ... INJURY OCCURED While at Work ☐ Not While At Work ☐ ... HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from 2/2 ..., 19 52, to 5/26, 19 52, that I last saw the deceased alive on 5/25, 19 52, and that death occurred at 5:40 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick E. Phillips, M.D. ADDRESS Spring Grove Hosp DATE SIGNED 5/26/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial ... DATE THEREOF 5/29/52 ... NAME OF CEMETERY OR CREMATORY London Park ... LOCATION (City, Town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 5/27/52 ... REGISTRAR'S SIGNATURE ... 24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 80 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21
STREET ADDRESS (If rural, give location) 507 Riverside Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) NORMAN CLINTON SMITH

4. DATE OF DEATH: (Month) (Day) (Year) May 4 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Feb 7, 1916
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator
10b. KIND OF BUSINESS OR INDUSTRY: Steel mill
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George H. Smith
14. MOTHER'S MAIDEN NAME: Mary Lenning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Spring Grove State Hospital records Catonsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardio respiratory failure	4 hrs
480X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Bronchopneumonia	11 da.
	DUE TO (c) Influenza of virus infection	28 da.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, catatonic type unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 24, 1952, to May 4, 1952, that I last saw the deceased alive on May 4, 1952, and that death occurred at 7 10 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Ethel B. Herrmann - Green M.D. Spring Grove State Hosp Catonsville 28 Md 5/5/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/8/52
NAME OF CEMETERY OR CREMATORY: Lion Luth Cem
LOCATION (City, town, or county) (State): Stemmers Run Md

DATE REC'D BY LOCAL REG.: 5/6/52
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR ADDRESS: Lassahn Funeral Home 7401 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FS 5 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 81

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 10 West 20th Street

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) M. (Last) SNYDER
4. DATE OF DEATH: (Month) May (Day) 28, (Year) 19 52

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 9, 1897
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Pittsburgh, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Tom C. Fullerton
14. MOTHER'S MAIDEN NAME: Laura B. Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: George M. Usher, 828 E. Preston Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Metastatic Ca of Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
DUE TO
1711 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Ca of Cervix — 2 yrs.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 1952, to 5-28, 1952, that I last saw the deceased alive on 5-27, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
William K. Gallagher M.D. Catonsville 28, Md. 5-28-52

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: 5/31/52
NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: May 31st 1952
REGISTRAR'S SIGNATURE: R. W
24. FUNERAL DIRECTOR — ADDRESS: Wm. Cook, Inc., 1217 St. Paul Street

VS. 46 8-51

Item 22 Film G142 5-22-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

82

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1211 James Street

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) G. (Last) SOMMERS
4. DATE OF DEATH (Month) May 18 (Day) (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6-21-06
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY [illegible] Co
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Sommers
14. MOTHER'S MAIDEN NAME Annie Timko

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONTUSIONS, LACERATIONS, HEMATOMAS OF CEREBRAL HEMISPHERE	8 days
900.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) FRACTURED SKULL; CEREBRAL CONCUSSION (LEFT)	8 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5-18-52
19b. MAJOR FINDINGS OF OPERATION Trephine
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) street
(CITY OR TOWN) (COUNTY) (STATE) Baltimore, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-11-52 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell down the stairs

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined X.*

SIGNATURE (Degree or title) W. M. Carmine M.D. ADDRESS Deputy Medical Examiner Balto Co Dundalk 27 Md DATE SIGNED 5/19/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-22-52
NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG 5/20/52
REGISTRAR'S SIGNATURE W W Hedrick

24. FUNERAL DIRECTOR Witzke Funeral Home ADDRESS Hollins & Gilmore Sts. Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1A

1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 83 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 22 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels

STREET ADDRESS (If rural, give location): Box 364

3. NAME OF DECEASED (Type or Print): (First) CHARLES THOMAS ANDREW (Middle) (Last) SPENCER

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9-25-92

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boat Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Michaels, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Henry Spencer

14. MOTHER'S MAIDEN NAME: Cora Frances Fairbank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 216-09-7199

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) INFARCTION OF THE MYOCARDIUM DUE TO ARTERIOSCLEROTIC	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CORONARY THROMBOSIS, RECURRENT ARTERIOSCLEROSIS, GENERALIZED	unknown
	DUE TO (c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 19 52, to May 16, 19 52, and that death occurred at 8:05 A.m., from the causes and on the date stated above.

SIGNATURE I. Freeman

(DEGREE OR TITLE) I. FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND

DATE SIGNED 5-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/19/52

NAME OF CEMETERY OR CREMATORY: Olivet Cemetery

LOCATION (City, town, or county) (State): St. Michaels, Maryland

DATE REC'D BY LOCAL REG.: 5/19/52

REGISTRAR'S SIGNATURE: M. H. Norris

24. FUNERAL DIRECTOR / ADDRESS: Norman D. Marshall Funeral Home, St. Michaels, Maryland

Dawson Farber inc

COPY SENT TO LOCAL REGISTRAR ... DATE 5-20-52
C/to

RECEIVED
5/20/52
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 84

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md; LENGTH OF STAY (in this place) 6 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 701 W. Augusta Ave

3. NAME OF DECEASED: (First) Clara (Middle) Margarete (Last) Spencer

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify):

8. DATE OF BIRTH: Nov. 25-1871

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months 6 Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Herman

14. MOTHER'S MAIDEN NAME: Hannah Grams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

Antecedent cause(s) 420.1 — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Generlized Arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31/47, to May 11, 1952 that I last saw the deceased alive on May 11, 1952 and that death occurred at 5:5 P.m., from the causes and on the date stated above.

SIGNATURE Walter T. Kees (DEGREE OR TITLE) M.D. ADDRESS Cockeysville Md DATE SIGNED 5/11/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF May 14-52 NAME OF CEMETERY OR CREMATORY London Park LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 5/12/52 REGISTRAR'S SIGNATURE Laura M. Schroeder 24. FUNERAL DIRECTOR Wm. Cook, St Paul & Preston St ADDRESS

RECEIVED
MAY 13 1952
BUREAU W. S.

items 8,9: film G142 5/26/52 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines Nursing Home 16 Fusting Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 343 Rosebank Avenue

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) A. (Last) STANGE

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 23, ~~1880~~ 1891

9. AGE last birthday: 63 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hall

14. MOTHER'S MAIDEN NAME: ✓ unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Fred W. Stange, 5008 Midwood Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Toxic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

350X

DUE TO

Antecedent cause(s) (b) Marked Extensive Bed-sores — 4 mo.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Generalized Arteriosclerosis — 10 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism — 10 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1952, to 5-18, 1952, that I last saw the deceased alive on 5-18, 1952, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE Wilson R. Gallager (DEGREE OR TITLE) M.D. ADDRESS Catonsville 28, Md. DATE SIGNED 5-20-52

23. BURIAL, CREMATION REMOVAL (Specify): burial DATE THEREOF 5/21/52 NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 5/20/52 REGISTRAR'S SIGNATURE A W Heldrich

24. FUNERAL DIRECTOR Wm. Cook, Inc., ADDRESS 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16 8-51

86

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Houseman The Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 822 W. Fayette St.

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) (Last) Stillson

4. DATE OF DEATH (Month) 4 (Day) 22 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Mar 12 1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Odd jobs
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME unk.
14. MOTHER'S MAIDEN NAME unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 320-18-4042
17. INFORMANT AND ADDRESS —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Insufficiency	1 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Hypertensive Cardio-Vascular Disease	10 yr.?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Right Hip — 3 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 3, 1952, to April 22, 1952, that I last saw the deceased alive on April 21, 1952, and that death occurred at 10 a. m., from the causes and on the date stated above.

SIGNATURE Wilmer K. Gallagher (Degree or title) M.D. ADDRESS Catonsville-28, Md. DATE SIGNED 5-23-52

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 5-26-52 | REGISTRAR'S SIGNATURE Victor E. Harry cmd | 24. FUNERAL DIRECTOR Anatomy Board - Balto, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1952
BUREAU V. S.
5-26-52
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COPY SENT TO LOCAL REGISTRAR

187

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Aged Home 5743 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Charles W. Stowell
4. DATE OF DEATH (Month) (Day) (Year): May 27, 1952 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 4, 1870
9. AGE last birthday: 81 yrs. If under 1 year: Months 11 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Std Office Clerk a. B.
10b. KIND OF BUSINESS OR INDUSTRY: & J. Co.
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alonza H. Stowell
14. MOTHER'S MAIDEN NAME: Elizabeth Winthrope

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 12-092-4710
17. INFORMANT AND ADDRESS: Thomas J. Kelly, 420 North Bend. Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MYOCARDITIS, CHRONIC. — 246 MOS

4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) SENILITY.

(c) 0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE (Home, farm, factory, street, bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 23, 1950, to MAY 27, 1952, that I last saw the deceased alive on April 30, 1952, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE: S. Lloyd Johnson (Degree or title) M.D. ADDRESS: Catonsville Md. DATE SIGNED: May 28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 28, 1952
NAME OF CEMETERY OR CREMATORY: New Cathedral
LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 5/29/52
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: [signature] ADDRESS: 1913 W. Baltimore

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

'88

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY BALTO. CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
LENGTH OF STAY (in this place) 10 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5234 ARBUTUS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
STREET ADDRESS (If rural, give location) 5234 ARBUTUS AVE.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) R. (Last) SUMMERS

4. DATE OF DEATH (Month) (Day) (Year) 5/17/52 19

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 9/15/1870
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY domestic
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JAMES BEECHER
14. MOTHER'S MAIDEN NAME LOUISA COLLIER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Albert O. Summers, Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 days

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Colin O. Cascade disease C — 10 years

(c) Organization

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1943 to 5/17, 1952, that I last saw the deceased alive on 5/17, 1952, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE Elliott W. Simmons (Degree or title) M.D. ADDRESS 5434 Mulberry Ave DATE SIGNED 5/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/20/52
NAME OF CEMETERY OR CREMATORY Family Plot
LOCATION (City, town, or county) (State) Grasonsville, Md.

DATE REC'D BY LOCAL REG. May 22 52
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR MacNabb & Son ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
MAY 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 89

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (28)
STREET ADDRESS (If rural give location) 9 Kenwood Avenue

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) A. (Last) SUTKIEWICZ

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-24-23

9. AGE last birthday: 28 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Typewriter Repairman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benedict Sutkiewicz

14. MOTHER'S MAIDEN NAME: Caroline Midura

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) PULMONARY TUBERCULOSIS, FAR ADVANCED, ACTIVE	6 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) TUBERCULOSIS LARYNGITIS DUE TO	1 mo.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CIRRHOSIS OF LIVER — Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1952, to May 17, 19 52, [illegible] and that death occurred at 11:05 A.M., from the causes and on the date stated above.

SIGNATURE C.E. GONZALEZ, M.D. — (Degree or title) — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 5-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 21-52 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/19/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Wm. Fialkowski Funeral Home, 2007 Eastern Ave., Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AI

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

115090

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 812 REGESTER AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTO.
STREET ADDRESS (If rural, give location): 711 GITTINGS AVE

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) CARRINGTON (Last) TAYLOR

4. DATE OF DEATH: (Month) 5 (Day) 10 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: FEB. 28, 1874

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY: R.R.

11. BIRTHPLACE (State or foreign country): VA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ROBERT L. TAYLOR

14. MOTHER'S MAIDEN NAME: JENNIE EASLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): No

16. SOCIAL SECURITY NO.: 705-10-9023

17. INFORMANT AND ADDRESS: VIRGINIA C. TAYLOR 711 GITTINGS AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORAHAGE — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CEREBRAL ARTERIOSCLEROSIS — 10 yrs

(c) SENILITY — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NINE

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 1940, to May 10th, 1952, that I last saw the deceased alive on May 10th, 1952, and that death occurred at 7:00 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. S. Charpentier — ADDRESS: 6 S/C York Rd. Baltimore 12 Md — DATE SIGNED: May 10, 52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 5-14-1952 — NAME OF CEMETERY OR CREMATORY: LORRAINE — LOCATION (City, town, or county) (State): WOODLAWN MD

DATE RECD BY LOCAL REG.: 5/12/52 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO. — ADDRESS: 4905 YORK RD. BALTO

MARYLAND STATE DEPARTMENT OF HEALTH

91

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (In this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Codd Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 2 Edgevale Road

3. NAME OF DECEASED (Type or Print): (First) HERBERT (Middle) LLOYD (Last) TEAR

4. DATE OF DEATH: (Month) May (Day) 5, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec. 19, 1885

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electro-Chemical Engr.

10b. KIND OF BUSINESS OR INDUSTRY: Oil Refinery

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Tear

14. MOTHER'S MAIDEN NAME: Mary Gaston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Caroline S. Tear, 2 Edgevale Road, Towson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Apoplexy	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis of	
	(c) Arteries of Brain and Brain stem	16 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to 5 May, 1952, that I last saw the deceased alive on 5 May, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: Charles H. Tear (Degree or title): M.D. ADDRESS: 6701 York Rd Balto 12 Md DATE SIGNED: 7 May 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 8, 1952
NAME OF CEMETERY OR CREMATORY: PARKWOOD CEMETERY
LOCATION (City, town, or county) (State): PARKVILLE, BALTO. CO., MD.

DATE REC'D BY LOCAL REG.: May 6, 1952
REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland — ADDRESS

RECEIVED
MAY 9 1952
BUREAU V. S.

5092

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belmar
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Forest View Av

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belmar, Balto. County
STREET ADDRESS (If rural, give location) 109 Forest View Av

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) F. (Last) TIMMERMAN
4. DATE OF DEATH (Month) MAY (Day) 2 (Year) 1952

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH JAN. 9 1877
9. AGE last birthday 75 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Michael SPICKENREUTHER
14. MOTHER'S MAIDEN NAME MARGARET KREIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 217 053 570 - D None
17. INFORMANT Theresa Schneider

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL THROMBOSIS	3 days
522X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CEREBRAL ARTERIOSCLEROSIS	10 yrs
	(c) ARTERIAL HYPERTENSION	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MYOCARDIAL DEGENERATION 6 weeks +

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29, 1952, to 5/2, 1952, that I last saw the deceased alive on 5/2, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. 6331 Belair Rd. Balto (6) Md

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE MAY 6 1952
NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM
LOCATION (City, town, or county) 4430 BELAIR RD (State) MD.

DATE REC'D BY LOCAL REG. 5/5/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Duffel Bros. ADDRESS 7110 BELAIR RD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 45

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 93

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 54 Riverside Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 54 Riverside Road

3. NAME OF DECEASED: (Type or Print) (First) LYDIA (Middle) C. (Last) TREDWAY

4. DATE OF DEATH: (Month) May (Day) 22, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 14, 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Harford County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H. H. Carr

14. MOTHER'S MAIDEN NAME: Elizabeth Christy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Anna B. Shanahan, 54 Riverside Road, Essex

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset and Death: 2 days

334 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arterio-sclerotic Cardio-Vascular disease — 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to May 22 1952, that I last saw the deceased alive on May 22, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Balto 6 Md DATE SIGNED 5/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF 5/24/52

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Parkville, Maryland

DATE REC'D BY LOCAL REG. 5/23/52

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 St. Paul Street

Item 21 Film G142 5-22-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05094

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Sister Mary Fabian Tribken
4. DATE OF DEATH (Month) (Day) (Year) May 11 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 5, 1863
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York City, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Tribken
14. MOTHER'S MAIDEN NAME Sara Gruener
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted])
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sr. Mary Clara Notch Cliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage from
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 12" Skull Laceration from
(c) Fall down Stairs [illegible] skull fracture

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-11-52 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell down stairs.

22. I hereby certify that I attended the deceased from Feb 1, 1952, to May 12, 1952, that I last saw the deceased alive on May 11, 1952, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles F. O'Donnell MD
ADDRESS 750 York Rd Towson
DATE SIGNED 5/12/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF MAY 14, 1952
NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM.
LOCATION (City, town, or county) (State) NOTCH CLIFF NR TOWSON MD
DATE REC'D BY LOCAL REG. 5-13-52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Charles S. Zerlex
ADDRESS 901 S. Conkling St. Baltimore, 24, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05095

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton.
LENGTH OF STAY (in this place) 38 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alvin (Middle) Jacob (Last) Trout.
4. DATE OF DEATH (Month) May (Day) 23 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH Nov. 18, 1869
9. AGE last birthday 82 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor
10b. KIND OF BUSINESS OR INDUSTRY Grocery Store.
11. BIRTHPLACE (State or foreign country) New Freedom, Pa. R.D.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME James Trout
14. MOTHER'S MAIDEN NAME Mariah Stout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-32-1775
17. INFORMANT AND ADDRESS Mrs. A. J. Trout - Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular - renal disease

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to May 23 1952, that I last saw the deceased alive on May 23, 1952, and that death occurred at 8:05 P.m., from the causes and on the date stated above.

SIGNATURE A. M. France (Degree or title) M.D. ADDRESS Parkton Md. DATE SIGNED 5/23/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 26 1952
NAME OF CEMETERY OR CREMATORY West Liberty Cemetery
LOCATION (City, town, or county) White Hall, Md. (State) R.D.

DATE REC'D BY LOCAL REG. May 26 1952
REGISTRAR'S SIGNATURE Charles L. Freeman
24. FUNERAL DIRECTOR J. Jacob Hartenstein, New Freedom, Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
11 11 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (in this place): 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Timber Grove Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
STREET ADDRESS (If rural, give location): Timber Grove Road

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Bernard (Last) Utz

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 21, 1921

9. AGE last birthday: 30 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm laborer

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert C. Utz

14. MOTHER'S MAIDEN NAME: Lucy Lee Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. War 2

16. SOCIAL SECURITY No.: 218-14-6962

17. INFORMANT AND ADDRESS: Mrs. Lucy Utz, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Decompensation — Interval Between Onset and Death: 30 mins.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma — 5 yrs.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: Not.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: not an injury
(CITY OR TOWN): not an injury (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? not an injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. D Taylor (Degree or title): Deputy Med. Exam. M.D. ADDRESS: 6 Hanover Road, Reisterstown, Md. DATE SIGNED: 5-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 21, 1952
NAME OF CEMETERY OR CREMATORY: All Saints Cemetery
LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG. 5-19-52
REGISTRAR'S SIGNATURE: Mary B. Cline.
24. FUNERAL DIRECTOR ADDRESS: Wm. Berryman & Sons, Reisterstown, Md.

VS-115A

RECEIVED
MAY
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 05097 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weems Creek
STREET ADDRESS (If rural give location) The Cove Nr. Annapolis

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edwin (Last) Vantine

4. DATE OF DEATH: (Month) 5 (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar-24-1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer-Finest

10b. KIND OF BUSINESS OR INDUSTRY: Machinest Navy Yard Factory

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Edward Vantine

14. MOTHER'S MAIDEN NAME: Elizabeth Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Emma P. Vantine Annapolis R.7D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmanary Embolism DUE TO

Antecedent causes (b) Thrombophlebitis DUE TO
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(c)

Interval Between Onset And Death: (a) Acute (b) Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - generalized

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1 ,1952, to 5/11, 1952, that I last saw the deceased alive on 5/11, 1952 and that death occurred at 8.20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) David J. Phillips, M.D. ADDRESS Spring Grove Hospital DATE SIGNED 5/11/52

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF 5-12-52 NAME OF CEMETERY OR CREMATORY Ft Lincoln LOCATION (City, town, or county) Pr Geo Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 12, 1952 REGISTRAR'S SIGNATURE Victor E. Harry

24. FUNERAL DIRECTOR John W. Taylor Son ADDRESS Annapolis Md.

VS. A15

RECEIVED
MAY 16 1952
BUREAU V. S.

5098

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson | LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 35 Cedar Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 35 Cedar Ave.

3. NAME OF DECEASED (Type or Print): (First) Mildred (Middle) Evelyn (Last) Virden

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: May 13, 1903 | 9. AGE last birthday: 49 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): PHILADELPHIA PA | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES S. ENGLISH | 14. MOTHER'S MAIDEN NAME: REBECCA SHAW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS: CHAS L. VIRDEN - 35 CEDAR AV. 4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Barbiturate Poisoning — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nervous disorder with depression — 15 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson (Degree or title) M.D. D.M.E. | ADDRESS Towson, Md. | DATE SIGNED 5/15/52.

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | DATE THEREOF MAY 16-1952 | NAME OF CEMETERY OR CREMATORY WEST LAUREL HILL | LOCATION (City, town, or county) PHILADELPHIA (State) PA

DATE REC'D BY LOCAL REG. 5/16/52 | REGISTRAR'S SIGNATURE D W Hudson | 24. FUNERAL DIRECTOR ADDRESS ULLRICH FUNERAL HOME 2005 ORLEANS

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard

LENGTH OF STAY (in this place) 15 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 2923 Westwood Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
GEORGE	H.	WALKER	May	30	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	3-6-79	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter & Ded.		Baltimore, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John G. Walker	Catherine Walling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
✓ Yes SPA	213-09-8496	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
1A/X Immediate cause	(a) CARCINOMA OF THE BLADDER	UNK.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
2-7-52	Transurethral Resection of Prostate	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 19.52, to May 30, 19 52, [illegible] and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William B. VanDegrift M.D. VAH, Fort Howard, Md. 5-30-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/2/52	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-31-52	[signature]	William J. Tickner & Sons	North & Penna. Ave's. Balto., Md.

RECEIVED
JUN 2 19
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

100

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 629 Picadilly Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 629 Picadilly Rd

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) WALLACE (Last) WALTEMEYER

4. DATE OF DEATH: (Month) May (Day) 12, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 9, 1877

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker

10b. KIND OF BUSINESS OR INDUSTRY: Candy

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T. Waltemeyer

14. MOTHER'S MAIDEN NAME: Mary Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Margaret Larash - 629 Picadilly Rd. Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval Between Onset and Death: 7 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive & Arteriosclerotic Cardio Vascular Renal — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to May, 1952, that I last saw the deceased alive on 12 May 1952, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. Allan Spicer, M. D. 4408 Loch Raven Blvd.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/15/52 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem. | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECD BY LOCAL REG. 5/14/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Wm. J. Pickener & Sons-Balto 17 Md.

Items 8,9 Film G148 11/10/52 mhw

05101

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 208 W. Chesapeake Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 208 W. Chesapeake Avenue

3. NAME OF DECEASED (Type or Print): (First) EUGENE (Middle) LAWRENCE (Last) WARD

4. DATE OF DEATH: (Month) May (Day) 23, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 21, 1917

9. AGE last birthday: 33 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Industrial Products

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Ward

14. MOTHER'S MAIDEN NAME: Loretta Osborne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Margaret Ward, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic heart disease. — Interval between onset and death: 20 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13, 1944, to 5/22, 1952, that I last saw the deceased alive on 5/22, 1952, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Edward Leach M.D. 14 E. Eager St. Balto 5/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 27, 1952 — NAME OF CEMETERY OR CREMATORY: Monte Marie Cemetery — LOCATION (City, town, or county) (State): Towson, Maryland

DATE REC'D BY LOCAL REG.: May 26, 1952 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 28 ...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY (in this place): 12 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 123 Oak Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; STREET ADDRESS (If rural, give location): 123 Oak Drive

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) BROOME (Last) WHITTLE

4. DATE OF DEATH: (Month) May 8th., (Day) (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 25, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Broome

14. MOTHER'S MAIDEN NAME: Elizabeth Pitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: W. Warren Whittle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Hypertensive Cardiovascular Disease — Interval Between Onset and Death: 5 yrs +

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Oct, 19 51, to 8 May, 19 52, that I last saw the deceased alive on 8 May, 19 52, and that death occurred at 7.00 P. m., from the causes and on the date stated above.

SIGNATURE: John Herbert, Jr. (Degree or title) M.D. ADDRESS: 20 E. Preston St., Baltimore, 2, Md DATE SIGNED: 5/9/52

23. BURIAL, CREMATION / REMOVAL (Specify): Trans. for Burial | DATE THEREOF: 5/11/52 | NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery | LOCATION (City, town, or county) (State): Knoxville, Tennessee

DATE REC'D BY LOCAL REG. 5-11-52 | REGISTRAR'S SIGNATURE: W. E. Harry | 24. FUNERAL DIRECTOR: Easton Sons ADDRESS: Catonsville, Md.

VS. A15

RECEIVED
MAY 12 1952
BUREAU V. S.

05103

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 Melvin Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural, give location) 112 Melvin Ave

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Wilhelm (Last)

4. DATE OF DEATH (Month) (Day) (Year) May 29/52 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 4, 1886
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Paymaster
10b. KIND OF BUSINESS OR INDUSTRY B. & O. R. R.
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles R. Wilhelm
14. MOTHER'S MAIDEN NAME Susie T. Es

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Blanche Wilhelm, 112 Melvin Ave Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 Days
181 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adeno Carcinoma	18 mos
	(c) Starvation	3 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April - 1950
19b. MAJOR FINDINGS OF OPERATION Adeno Carcinoma of bladder -
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1924, to May 29, 1953, that I last saw the deceased alive on May 28, 1952, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE W. Winsbee Ford (Degree or title) ADDRESS 6 Dutton Ave. Catonsville Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/31/52
NAME OF CEMETERY OR CREMATORY Lorraine Pk.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. 9/20/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Harry H. Nutzfee ADDRESS 4101 Edmondson A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '04

CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1200 N. Caroline Street

3. NAME OF DECEASED: (Type or Print) (First) RAYMOND (Middle) H. (Last) WILLIS

4. DATE OF DEATH: (Month) (Day) (Year) May 8 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-9-97
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pulmin porter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter Willis
14. MOTHER'S MAIDEN NAME: Bertha Bacon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Wr. 1
16. SOCIAL SECURITY NO.: 129-12-4778
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CHRONIC NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: Unknown

592X

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22 1952, to May 8, 1952, ~~that I last saw the deceased alive on~~ and that death occurred at 2:35 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) WILLIAM B. VANDEGRIFT, M. D. ADDRESS VAH, FORT HOWARD, MD. DATE SIGNED 5-9-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5/12/52
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Thomas E. Kelson ADDRESS 1303 Presstman Street Baltimore, Maryland

Dmk Thos. E. Kelson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

1

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard

LENGTH OF STAY (in this place) 26 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 4505 Pimlico Rd.

3. NAME OF DECEASED: (Type or Print) (First) RAYMOND (Middle) B (Last) WILSON

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 2-19-89

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sign painter

10b. KIND OF BUSINESS OR INDUSTRY: Morton Sign Co

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Raymond Wilson

14. MOTHER'S MAIDEN NAME: Lucy Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: 212 07 1523

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CHRONIC NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

592 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14 1952, to May 11, 1952, ~~that I last saw the deceased alive on~~ and that death occurred at 12:29 P.m., from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M. D. (DEGREE OR TITLE) ADDRESS VAH, FORT HOWARD, MD. DATE SIGNED 5-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-14-52

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5/13/52

REGISTRAR'S SIGNATURE R D Hedrick Dist

24. FUNERAL DIRECTOR Howard Blight Funeral Home ADDRESS 6009 Harford Road, Baltimore, Maryland

Mildred T. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30 106

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 15
STREET ADDRESS (If rural give location) 5704 Highgate Drive

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Jesse (Last) Wilson
4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1952
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 26, 1882
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Foreman Painter
10b. KIND OF BUSINESS OR INDUSTRY: Auto Business
11. BIRTHPLACE (State or foreign country): Annapolis, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jesse Wilson
14. MOTHER'S MAIDEN NAME: Rispah Clow
15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-10-9538A
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cardiovascular Failure	10 min
44 X Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) C V A (multiple)	30 min
	DUE TO (c) Hypertensive Cardiovascular Disease	6 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 6 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1952, to May 18, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 12 20 AM, from the causes and on the date stated above.

SIGNATURE John P. Risley (Degree or title) MD
ADDRESS Spring Grove State Hospital
DATE SIGNED May 18, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 20 52
NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery
LOCATION (City, town, or county) Baltimore, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 5/19/52
REGISTRAR'S SIGNATURE W W Hedrick
24. FUNERAL DIRECTOR Loring Byers 5005 Pk Hgts Ave
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05107

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Middle River MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 54 Wright Wing Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Middle Riv
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 54 Wright Wing Drive

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) (Last) Wilson
4. DATE OF DEATH (Month) May (Day) 14 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept.15,1889
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY P.R.R
11. BIRTHPLACE (State or foreign country) Cecil Co. Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Filmore Wilson
14. MOTHER'S MAIDEN NAME Henrietta Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Amelia E. Wilson, 54 Wright Wing Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARDIAC FAILURE	5 DAYS
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	3 YEARS
	(c) CEREBRAL ACCIDENT, MULTIPLE	3 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH, 1951, to MAY 15, 1952, that I last saw the deceased alive on MAY 15, 1952, and that death occurred at 6:50P m., from the causes and on the date stated above.

SIGNATURE Louis Semenoff (Degree or title) MD ADDRESS 1437 Fuselage Ave, Balto 20 DATE SIGNED MD

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/17/52
NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery
LOCATION (City, town, or county) (State) Havre De Grace, Marylan

DATE REC'D BY LOCAL REG. May 17 1952
REGISTRAR'S SIGNATURE RWS
24. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Aero Acres

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

'08

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 54 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 618 Ingleside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 618 Ingleside Ave.

3. NAME OF DECEASED (Type or Print) (First) MARIE (Middle) E. (Last) WUBBOLD
4. DATE OF DEATH (Month) (Day) (Year) May 11th., 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11/24/1897
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Hoerl
14. MOTHER'S MAIDEN NAME Mary E. Gould
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr. Bernard F. Wubbold 618 Ingleside Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Myocardial Failure	1 mon
170 × Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	C. H. of Breast	2 yrs
	(c)	Generalized Metastasis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1950
19b. MAJOR FINDINGS OF OPERATION C. H. Mean
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1949, to 5-11, 1952, that I last saw the deceased alive on 5-10, 1952 and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE James Howell (Degree or title) ADDRESS Catonsville DATE SIGNED 5-12

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/14/52
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 5/13/52
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville, Md.

RECEIVED
MAY 15 1952
BUREAU W. E.

051[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE — TOWSON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON — LENGTH OF STAY (in this place) 25 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 512 WILTON ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE SAME — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAME
STREET ADDRESS (If rural, give location) SAME

3. NAME OF DECEASED (Type or Print) (First) FREDERICK (Middle) WILHELM (Last) ZABEL
4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWERED
8. DATE OF BIRTH 5/30/1880
9. AGE last birthday 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT
10b. KIND OF BUSINESS OR INDUSTRY DEPT. STORE
11. BIRTHPLACE (State or foreign country) BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME GUSTAV E. ZABEL
14. MOTHER'S MAIDEN NAME JOHANNA ZEISZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-09-2732
17. INFORMANT AND ADDRESS EUGENE T. BARTHOLOMEE 512 WILTON RD. TOWSON MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertension Cardio Vascular Disease

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1947, to May 17, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE Laurence C. Post — (Degree or title) M.D. — ADDRESS 6805 York Rd. — DATE SIGNED 5/18/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF May 20/52 — NAME OF CEMETERY OR CREMATORY Parkwood — LOCATION (City, town, or county) Balto Md (State)
DATE REC'D BY LOCAL REG. 5/17/52 — REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR H. Jenkins & Sons Co — ADDRESS 4905 York Rd Balto 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05110

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Balto.
STREET ADDRESS Hot Prospect (If rural give location) ~~Spring Grove State Hosp~~

3. NAME OF DECEASED: (Type or Print) (First) SAM (Middle) (Last) ZAYKOSKY
4. DATE OF DEATH: (Month) (Day) (Year) MAY 28 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: 1878
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHOEMAKER?
10b. KIND OF BUSINESS OR INDUSTRY: SHOEMAKER
11. BIRTHPLACE (State or foreign country): AUSTRIA
12. CITIZEN OF WHAT COUNTRY? ALIEN?

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: No informant

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Heart failure — Interval Between Onset And Death: sev. days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of bladder with — unkn.

DUE TO (c) metastases to lung

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to May, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 630 AM, from the causes and on the date stated above.

SIGNATURE J E Geist (Degree or title) M D Spring Grove State Hosp ADDRESS DATE SIGNED 5/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 5/28/52
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Balto City Md (State)
DATE REC'D BY LOCAL REGISTRAR 5-28-52
REGISTRAR'S SIGNATURE V. E. Harry RC
24. FUNERAL DIRECTOR Frances A Hemsley 5 ADDRESS E W Biddle

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1952
BUREAU V. S.